BALTIMORE CITY HEALTH DEPARTMENT 68 00001 CERTIFICATE OF DEATH BIRTH NO. Registered Na. of death Deceased Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ELSIE I GORALSKI LO ance B. COUNTY contributing cause stermined cause; (5) A. County FULL NAME OF (If not in hospital or institution, give street, HOSPITAL OR oddress or location) etermined cause; 0 Brooklyn Park OF MARYLAND prior D. STREET ADDRESS (If surel, give tocotion) W. 10th Avenue regular mad 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED deceased 9. AGE (In years WIDQWED, DIVORCED (specify) lost birthdoy TOF 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) disposition done during most of working lite, even if retired) Dud GERMANY Hausewite 13. FATHERS NAME Was the HERMAN IMPORTANT eath 0 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT final (Yos, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. endance O No Family pronounced 10 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY med of atto LEADING TO DEATH VITONITIS (This does not mean the made of dying, e.g., embal hearl failure, asthenia, etc. It means the disease, DIRECTOR: regular injury at camplication which caused death.) ANTECEDENT CAUSES ho DISEASES OR CONDITIONS, if any, giving rise la the abave cause (A) stating the physician remains UNDERLYING CONDITION last. Was 70.2 FUNERAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE metastatic CA endomet. physician DISEASE OR CONDITION CAUSING IT. before the 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 1) hower 65 57. the **OPERATION** 20A. AUTOPSY? (Yes or No) 21A ACCIDENT WAS UNDERLYING the ombused a orta where 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING _ CAUSE OF °N MEDICAL hospital DEATH (notify medical examiner nature; obtained 21 D. TIME (except v ; and (6) (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Work At Work any 22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last sow the deceased alive an death) hospital must and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. accident 23A-SIGNATURE Attending 10 M.D. Med. Stoff Phys. approval Director Phys. 0 prior 23 D. ADDRESS to 24A. BURIAL CREMATION, 248. DATE 0 24C. NAME of CEMETERY 24D. LOCATION Ö REMOVAL (Specify) cedse Burial Cedar Hill Cem AA Co SD 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR

VS 150-REV, 1/1/65

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission C. CITY OR TOWN (If outside city limits, write RURAL and give township) If Under 1 Yi. Months Doys If Under 24 His. Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS Same INTERVAL BETWEEN ONSET AND DEATH 11 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exact location) and that in (my) (aur) apinion death accurred on the date 238, DATE SIGNED (City, town, or county) Md ADDRESS

V.S. 153 1-8-68 M.H.

shows:

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prior to death.

attendance on the

a hospital and of death

cause

13-400	00 00	BALTIMORE CITY	HEALTH DEPARTMENT	68 0000)2
BIRTH NO.	68 00	CERTIFICA	TE OF DEATH X REG. N	0	
NAME OF DECEASED			2. DATE AND HOUR OF D	EATH	
Type or Print) .Tanet	Boyle		1-1-1968	2:50	А
3. PLACE IN BALTIMORE, M		RONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased liver		
CERTIFICATION ADDR	PATE OF LOCATION	MENDED	Md. Balto.	Billo	00
NOTITUTION		1-15-68	C. CITY OR TOWN	. INSIDE CITY LIMITS?	
	to. City Ho	*	E. STREET AND NUMBER	YES NO X	
	0 Eastern A			62.	00
	to., Md. 21		1516 Delvale Ave.	21222	
. SEX 6. RACE		RRIED NEVER MARRIED	B. DATE OF BIRTS 9. AGE (In year	s If Under 1 Yr. If Und Months Doys Hours	er 24 H Min.
Fem. Ca	C	OWED X DIVORCED	11-24-1894 73	72	
OA, USUAL OCCUPATION (Good one during most of working life,		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT	COUNT
		Ilomo	SCOTLAND	USA	
Housewife FATHER'S NAME		Home	14. MOTHER'S MAIDEN NAME		-
77 1-			XXXXXX Janet Haddow		
o n	Cuthbert				
5. Was Deceased Ever in U. es, no or unknown) (If yes, giv		vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
No		170-10-7173	Records-BCH-4940 Easte	rn Ave.	
11B.// / O	1	CAUSE OF DEAT	H	APPROXIMATE I	IN TERV A
7/01	I Ndition directly			BETWEEN ONSET	AND DEA
	TO DEATH		Pneumonia	24 Hr.	
(This does not mean t		(A) IMMEDIATE CAI	735	24 111 •	
hearl failure, asthenia, e	etc. II means the dis	sease,	A CONSEQUENCE OF:	The second	
injury or camplication w	vhich caused death.)			100	
ANTECEDE	NT CAUSES	(p)	MX M. I., CHF		
DISEASES OR COND	ITIONS, if any,	DUE TO, OR AS	A CONSEQUENCE OF:		
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UNDERLYING CONDIT	ION last.	(c)			
42011	11		ECHAL INC.		- 11
OTHER SIGNIFICANT CONTO			clerosis		
TO THE DEATH BUT NOT		INAL ZIL CCL 100	C. T.		
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19A. DATE OF OPERATIO	TY AS PERFORMEL		Yes	O CAUSES OF DEATH:	
U 21 A. ACCIDENT WAS U	NDERLYING [21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If In B	altimore City, give exact location)	
OR CONTRIBUTING C		home, form, foctory, street, o	inice biog., INJURT OCCUR?		
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(APPROX.)		While At Not Whi			
22 1	his boosts IV - co		12-12 19 67 to	1-1	968
		ded the deceased from			
that (I) (we) last saw	the deceased alive	e on 1-1	19 68 and that in (my) (au	r) apinian death accurred a	n the de
and hour and from the	causes stated abo	ve. (1) (We) (did) (XXXX)	view the body after death.		
23A. SIGNATURE	-			23 B. DATE SIGNED	
0.0-	5 h. /		ending Med. Staff X	1-1-1069	
and	c. July	DEGREE Phy		1-1-1968	
23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS		
	Paul E. Mi	chol con	BCH-4940 Eastern Ave.,	Ralto Md 2122	4
24A. BURIAL CREMATION, 2	AB. DATE	4C. NAME of CEMETERY OF CR		(City, town, or county)	(Stote)

VS 150-REV. 1/1/6B

Scott Valley Cem. Burial REMOVAL (Specify) 1-5-1968

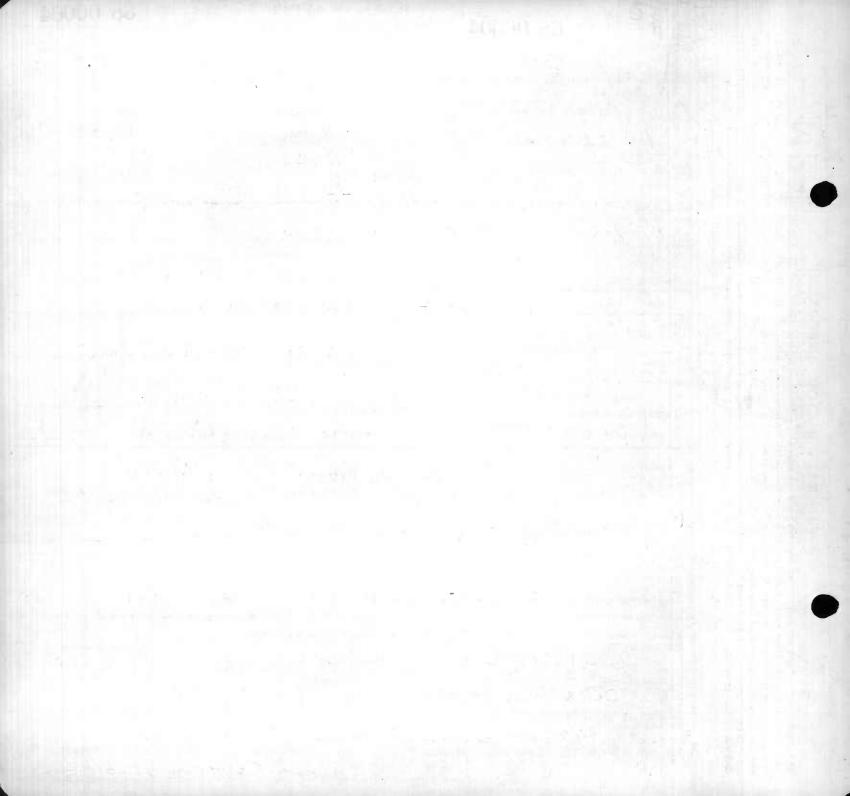
1968

Montdale, Pa.

2SC. FUNERAL DIRECTOR
Wm. Cook-Brooks, Inc. Balto., Md. 21202

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7	, ,	68	00003	CERTIFICA	TE OF DEATH	REG. NO	00 00000	
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	1-	Co	WIDOWED		111-11-02	63		
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13. F	FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME		
	001)		1/1	A		
NI.	lliam Cob.	VSON		1 / 500111	Ultginia	Klordan	Ammarce	
	, no or unknawn) (If yes,			16. SOCIAL SECURITY NO. 2/6-28-9026	1/2 //	· (Dauchte	ADDRESS Same	
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MEDICAL CERTIFICATION	ANTECEI DISEASES OR COND ise la lhe obave UNDERLYING COND OTHER SIGNIFICANT CO TO THE DEATH BUT IN DISEASE OR CONDITIO 19A. DATE OF OPERAT 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21D. TIME (Month) OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) last sa and haur and from the 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) DEATH (Type) BURIAL CREMATION, REMOVAL (Specify)	DENT CAUSES IDITIONS, iI cause (A) DITION lost. II ONDITIONS CO OT RELATED TO N GIVEN IN PAI ION 198. CON WAS PER UNDERLYING (CAUSE OF examiner) (This haspita w the deceas he causes sto	ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR V RFORMED (Hour) 21E. Whi Wor Other and the dealive an	VHICH OPERATION PLACE OF INJURY (e.g., e, farm, foctory, street, or INJURY OCCURRED le At At Work At Work Not White deceased fram O (We) (did) (did nat) or DEGREE AME of CEMETERY or CR	20A. AUTOPSY? (Yes or Not 2) in or about 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJ 19 and the view the bady after death. 23D. ADDRESS EMATORY 24D. L	IN CERTIFYING CA	inian death accurred and 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED	8
MEDICAL CERTIFICATION	ANTECEI DISEASES OR COND ise In the obave UNDERLYING COND OTHER SIGNIFICANT CO TO THE DEATH BUT IN DISEASE OR CONDITIO 19A. DATE OF OPERAT 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) last sa and haur and from the 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) BURIAL CREMATION, REMOVAL (Specify)	DENT CAUSES IDITIONS, iI cause (A) DITION lost. II ONDITIONS CO OT RELATED TO N GIVEN IN PAI ION 198. CON WAS PER UNDERLYING (CAUSE OF examiner) (This haspita w the deceas he causes sto	ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR V RFORMED (Hour) 21E. Whi Wor Wor attended the ed alive an attended above. (I	VHICH OPERATION PLACE OF INJURY (e.g., e, farm, foctory, street, or INJURY OCCURRED le At	20A. AUTOPSY? (Yes or Not all and the sending Med. Director 23D. ADDRESS 21F. HOW DID INJ Med. Director 23D. ADDRESS LEMATORY 24D. L	IN CERTIFYING CA	inian death accurred an	J (Stor

V\$ 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-420 CO 0000	BALTIMORE CITY H	HEALTH DEPARTMENT		68 00005
BIRTH NO. 68 00005	CERTIFICAT	E OF DEATH	Registered No	68 00005
M.E. CASE NO. 1, NAME OF DECEASED (Type of Print)	-	2. DATE AND	HOUR OF DEATH	
Glies L. Wallaca	200	1-8	-68	5:00 A.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNTY	8	tution: residence before admission)
FULL NAME OF (If not in hospital or institution, given HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outsi		RAL and give township)
INSTITUTION		Baltimon	de city minis, while ko	6 02
Maryland General Ho	0.11	D. STREET ADDRESS (If rue	rol, give location)	
J .	91,		zerne the	
WIDOWED,	DIVORCED (specify)	4-18-90 10	AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF B		1. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
Retired Balto. Transi	+ Co	Maryland		U.S.
13. FATHER'S NAME		4. MOTHER'S MAIDEN NAM	E	
beerge Wallace		Kate Gil	e5	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	7. INFORMANT	(Daughter	3427 Arklaw
	215-09-3605	Lavinia Wallac	e (Law)	Me
18. 4. 36. 9	CAUSE OF	DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(a) Cenel	brovascular An	ceident	1 day
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury ar camplication which caused death.)	DUE TO			
ANTECEDENT CAUSES	(B)	0	0.0000000000000000000000000000000000000	
DISEASES OR CONDITIONS, if any, giving	DOE 10			
rise to the abave cause (A) stating the UNDERLYING CONDITION tast.	(C)	**************************************	~ 00 00 04 00 00 04 04 0 00 00 00 00 00 0	
331X II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.	HICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WIN WAS PERFORMED			IN CERTIFYING CAUS	
U 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	form, foctory, street, office	or obout 21C. WHERE DID	(If in Boltimore C	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E I	NJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.) White	At Work			
22. I certify that (I) (this hospital) attended the	deceased from	12-31 19	67 10	1968
that (I) (we) last sow the deceased olive on		7 (on deoth occurred on the date
ond haur and fram the couses stoted obove. (1)	(We) (did) (did not) vie	w the body ofter death.		
23A. SIGNATURE	44.5 Allen	2		3B, DATE SIGNED
William X, Doddie	M.D. Attend		hys. 🔀	1-1-68
23C. PHYSICIAN'S NAME (Type)	M.D.	D. ADDRESS		
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	AE OF CEMETERY OF CREM	AATORY 24D PO	eneral Hos	nital Itown, or county) (Stote)
REMOVAL (Specify)				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	registrar	metery 25C. FUNERAL DIRECTOR	Baltimon	ADDRESS
JAN 2 1968 P. P. F. E. J.		Legnard J. Ru	Baltimon ck, Inc. Bo	alto.Md. 21214
VS 150-REV. 1/1/65				

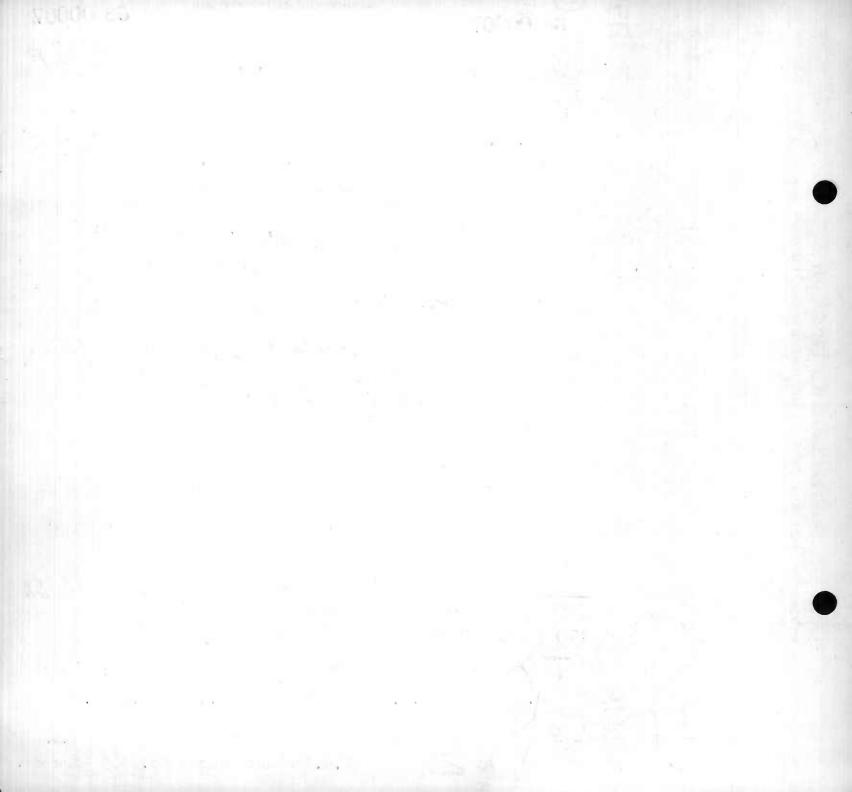
	CERTIFICA	TE OF DEATH REG. NO.	68 00006
Suc II	NAME OF DECEASED Appe or Print) Mary J. Monnier	2. DATE AND HOUR OF DEATH	19A.
9 6	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If insti	itution: residence before odmission)
9 P	JLL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	0 1	E CITY LIMITS?
prior e.	90 Harford Gardens Nursing Home	E. STREET AND NUMBER 1304 Pentridge Rd	97-09
	SEX 6. RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years O/	If Under 1 Yr. If Under 24 Hrs. Months Poys Hours Min.
n is	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY declaring most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?
the d	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4.50/16
5 D 15	Edward Pierce Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	Unknown 17. INFORMANT	ADDRESS
fine	No 220-54-728	9 Mr Paul Monnier	Same APPROXIMATE INTERVAL
tendo ed ar	DISEASE OR CONDITION DIRECTLY	ASUT	BETWEEN ONSET AND DEATH
ar at balm	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:	
6 9 C B	ANTECEDENT CAUSES	A CONSEQUENCE OF:	
in r	DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) sloting the UNDERLYING CONDITION lost.		
an was	422.1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
are the	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FIR	NDINGS CONSIDERED SES OF DEATH?
1.0	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	n or obout 21C. WHERE DID (If In Boltimore INJURY OCCUR?	City, give exact location)
ned be	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not Whi	21 F. HOW DID INJURY OCCUR?	/ /
abta	22. I certify that (I) (this hospital) attended the deceased fram	1943 19 10 //	19
eath); ust be	that (1) (we) last saw the deceased alive an and haur and fram the causes stated above. (1) (We) (dtd) (dtd eet)	•	an death accurred an the date
E	23A. SISNATURE	ending Med. Staff	23B. DATE SIGNED
ppraval	23C. PHYSICIAN'S, NAME (TypeWalter & Kartgin	23D. ADDRESS 4331 Harford Rd	HK ESTE
D	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMETERY OF C	EMATORY 24D LOCATION (City	nown, or county) (State) Maryland
21 A	JAN 2 1968 P. J. B. Salkerne	Baltimore N 25C. FUNERAL DIRECTOR Leonard J. Ruck, Inc.	Balta Md 212111
	\$ 150-REV. 1/1/6B	The state of the s	

68 00006

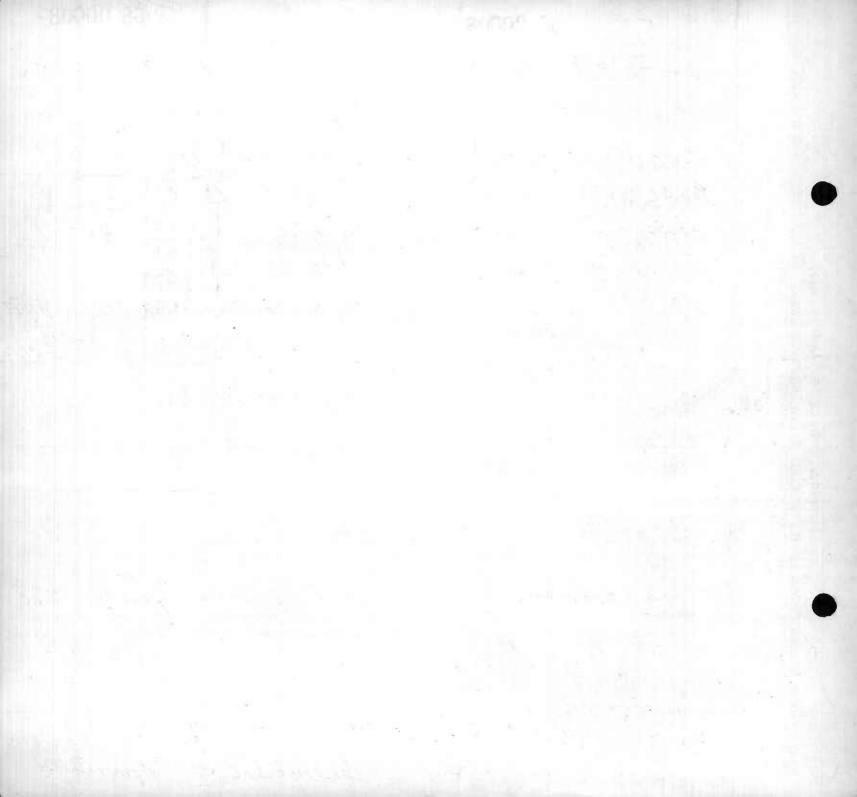
No. 1011 . A Commence of the commence o

ALE TELL LANGE BY THE SECOND

2	5-536 68 00007. CERTIFIC	CITY HEALTH DEPARTMENT REG. NO.	68 00007
1. N	ATH NO. JAME OF DECEASED pe or Print)	2. DATE AND HOUR OF DEA	TH //30 73
	Rosalind Snyder	Jan 1 1968	1/1=PN
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY	i institution: residence before admission/
HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET DESTITUTION GIVE STREET DESTITUTION	Maryland c. City or town D. I	NSIDE CITY LIMITS?
4		Baltimore	YES NO NO
	90 Hillcrest N. H.	E. STREET AND NUMBER	13-01
=		3939 Roland Ave.	
-	F WIDOWED DIVORCED	0 00 000	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS		12. CITIZEN OF WHAT COUNTRY
	e during most of working life, even if refired) Iomemaker	Baltimore, Md.	USA
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	ODA
	John J. Snyder	Rosalind Snyder	
	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
16:		54 Dorothy Snyder	Above
	18. // / CAUSE OF DE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
CEKIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CAL CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. home, form, foctory, street, etc.)		more City, give exact location)
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	0
ME	(APPROX.) While AI Not V	While 1051	1/0 1/2
		1701	
	22. I certify that (1) (this hospital) attended the decroyed from		Lawry 1 1968
		3 / 1	
	ord hour and traps the dayses styled above (1) (We) (did not	30 1967 and that in (my) four)	opinion death occurred on the do
	ord hour and fram the dayses stated above (1) (Wa), (did not 2) A. SIGNATURE	ond that in (my) four)/ t) view the body ofter death.	opinion deoth occurred on the dot
	that (1) (ye) last sow the deceased rive on DEC and hour and fram the dauges systed above (1) (Wa) (did not 2) A. SIGNATURE	ond that in (my) (our) t) view the body ofter death. Attending Med. Staff Phys. Director Staff Phys.	opinion deoth occurred on the dot
	that (1) (see) last sow the deceased rive on the deceased rive of the deceased rive of the deceased rive of the deceased rive on the deceased rive of the de	ond that in (my) four)/ t) view the body ofter death. Attending Med. Shaff Phys. 23D. ADDRESS	23B, DATE SIGNED 1-2-68
IA	that (1) (1) last sow the deceased rive on the deceased rive of the deceased rive on the deceased rive of the dece	ond that in (my) four) t) view the body ofter death. Attending Med. Director Phys. 23D. ADDRESS 5006 Roland Ave., Be	23B. DATE SIGNED 1-2-68 alto., Md.
	that (1) ye) last sow the deceased five on the course system above (1) (No.) (did not 2) A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) William Helfrich M.D. D. C. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of	ond that in (my) four / t) view the body ofter death. Attending Med Director Staff Phys. 23D. ADDRESS 5006 Roland Ave., Barren CREMATORY 24D. LOCATION	23B. DATE SIGNED 1-2-68 alto., Md. (City, town, or county) (State)
B	that (1) (1) last sow the deceased rive on the deceased rive of the deceased rive on the deceased rive of the dece	ond that in (my) (our) t) view the body ofter death. Attending Med. Director Phys. Director Director Phys. Baltimore	23B. DATE SIGNED 1-2-68 21to., Md. (City, town, or county) ADDRESS
B	that (1) ye) last sow the deceased five on the course system above (1) (No.) (did not 2) A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) William Helfrich M.D. D. C. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of	ond that in (my) four) t) view the body ofter death. Attending Med. Director Phys. D 23D. ADDRESS 5006 Roland Ave., Be CREMATORY 24D. LOCATION	238. DATE SIGNED 1-2-68 alto., Md. (City, town, or county) ADDRESS.



1	5-620 co nor	BALTIMORE CITY		REG. NO.	68 0000	18
BIR1	TH NO. 68 UUU	008 CERTIFICA	TE OF DEATH	REG. NO	00 000	
	AME OF DECEASED		2. DATE AN	D HOUR OF DEATH		-
3. F	PLACE IN BALTIMORE MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lives, If	168 3 3	ore odmissin
			4. USUAL RESIDENCE (Whe	ITY		
HO	LL NAME OF (IF NOT IN HOSPITAL OR INS	STITUTION, GIVE STREET	C. CITY OR TOWN	In IN	SIDE CITY LIMITS?	
1142	MOITUTION		Baltimor		YES NO	
0	2.2.1	101	E. STREET AND NUMBER	- 1	10,20	-01
2	203 W. Lexington		2203W.L		15ナ.	
5. S	1 1 4 4	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Manths Days Hou	Under 24 h
10	UNITO WIDOW USUAL OCCUPATION (Give kind of work) 10B, KIND		2/23/81	80		1
done	e during mast of working tife, even if retired)	. 1	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WH	
1		Home	Virginia		U.S.A	•
13. [FATHER'S NAME		14. MOTHER'S MAIDEN NA	1 11		
1	dward RITapoe			dell		
1S. V	Was Deceased Ever in U. S. Armed Forces? , no or unknown) (If yes, give wor or dotes of servic	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
1	VD		Raymonde	Bowers	2203WLex	nator
	18. 4 10.9	CAUSE OF DEATI	H /		APPROXIMA BETWEEN ON	TE INTERVA
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		7 (0-0.	7	UP
	LEADING TO DEATH	(A)IMMEDIATE CAU	ISEN PHONE	(Caw	ron /	TU
	(This does not mean the made of dving e					
	(This daes not mean the made at dying, e heart failure, asthenia, etc. It means the diseating which caused death)	DUE TO OR AS	A CONSEQUENCE OF:			
	hearl failure, asthenia, etc. It means the disea injury ar camplication which caused deoth.)	DUE TO OR AS		leson	- 11	20.0
	hearl failure, asthenia, etc. It means the disea injury ar camplication which caused deoth.) ANTECEDENT CAUSES	DUE TO, OR AS		lerose	á ye	w
	hearl failure, asthenia, etc. It means the diseatingury ar camplication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, given the above cause (A) stating	(B) DUE TO, OR AS	ACONSEQUENCE OF:	lerose	ó ye	'ar
	hearl failure, asthenia, etc. It means the disearing ar camplication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givening to the abave cause (A) stating UNDERLYING CONDITION fast.	DUE TO, OR AS-	ACONSEQUENCE OF:	lerose	s ye	ew.
NO	hearl failure, astheria, etc. It means the disearing ar camplication which caused deeth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, given is the abave cause (A) stating UNDERLYING CONDITION fast.	(B) DUE TO, OR AS Ihe (C)	ACONSEQUENCE OF:	lerose	s ye	con
=	hearl failure, asthenia, etc. It means the disearing ar camplication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giverise to the abave cause (A) stating UNDERLYING CONDITION tast. **CONDITION tast.** OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	ing (B) DUE TO, OR AS the (C)	ACONSEQUENCE OF:	lerose	ó ye	con
ATIC	hearl failure, astheria, etc. It means the disearing are camplication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givenise to the abave cause (A) stating UNDERLYING CONDITION fast. Lipid Conditions Contribution to the terminal to the cause to the terminal	ing (B) DUE TO, OR AS the (C)	ACONSEQUENCE OF: A CONSEQUENCE OF	208. IF YES, WERE	FINDINGS CONSIDER	2011 ED
ERTIFICATION	hearl failure, ashenia, etc. It means the disearinjury or camplication which caused deeth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givening to the abave cause (A) stating UNDERLYING CONDITION fast. CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOWAS PERFORMED	ing (B) DUE TO, OR AS INC. (C)	A CONSEQUENCE OF: A CONSEQUENCE OF			
L CERTIFICATION	hearl failure, astheria, etc. It means the disearing are camplication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givenise to the abave cause (A) stating UNDERLYING CONDITION fast. 4001/1000/1000/1000/1000/1000/1000/100	ing DUE TO, OR AS (B) DUE TO, OR AS the (C) OR AS AL OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of	20A. AUTOPSY? (Yes or No		E FINDINGS CONSIDER AUSES OF DEATH?	
CAL CERTIFICATION	hearl failure, astheria, etc. It means the disearing are camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givening to the abave cause (A) stating UNDERLYING CONDITION fast. TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ing (B) DUE TO, OR AS the (C)	20A. AUTOPSY? (Yes or No	(If in Baltimo		
EDICAL CERTIFICATION	hearl failure, astheria, etc. It means the disearing are camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givening to the abave cause (A) stating UNDERLYING CONDITION fast. TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ing (B) DUE TO, OR AS the (C)	20A. AUTOPSY? (Yes or Not on about 21C, WHERE DID ffice bidg., INJURY OCCUR?	(If in Baltimo		
MEDICAL CERTIFICATION	hearl failure, asthenia, etc. It means the disearing are camplication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givenise to the abave cause (A) stating UNDERLYING CONDITION fast.	ing (B) DUE TO, OR AS the (C)	20A. AUTOPSY? (Yes or Note of bidg., INJURY OCCUR?	(If in Baltimo		
MEDICAL CERTIFICATION	hearl failure, astheria, etc. It means the disearing are camplication which caused deeth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givening to the abave cause (A) stating UNDERLYING CONDITION fast. The condition of the terminal of the DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ing DUE TO, OR AS ing DUE TO, OR AS the (C)	20A. AUTOPSY? (Yes or Note of bidg., INJURY OCCUR?	(If in Baltimo		
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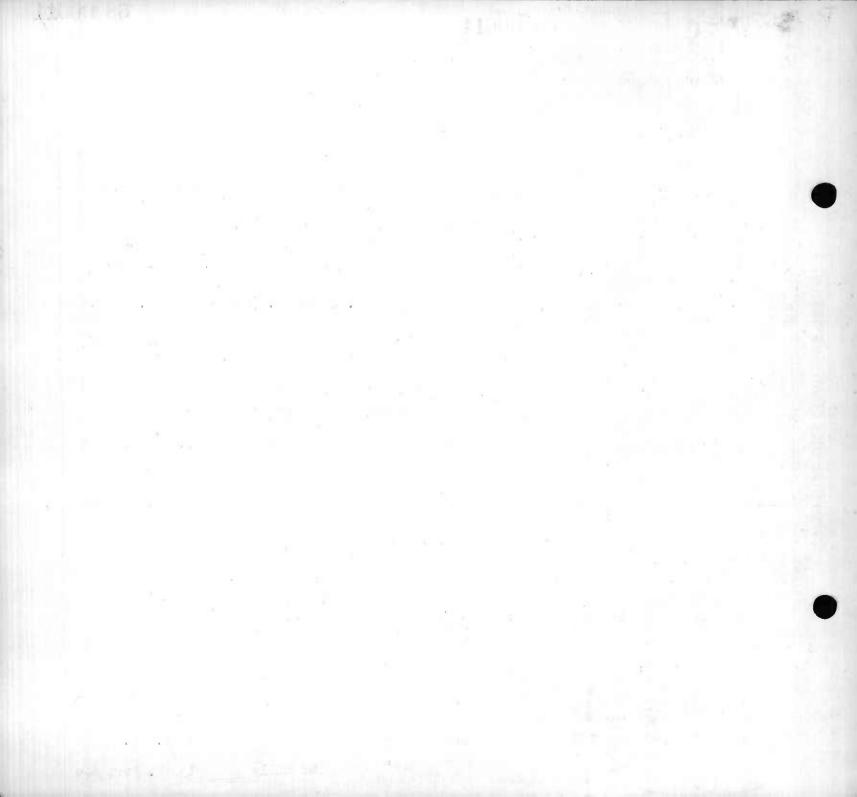
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OTHER SIGN TO THE DE. TO THE DE. DISEASE OR 19A. DATE COMPANIENT 21A. ACCID OR CONTRIL DEATH (notic) 21D. TIME (APPROX.) 22. I certife that (we and haur a 23A. SIGNAT 23C. PHYSIC NAME 4A. BURIAL CR REMOVAL	ATH BUT NOT RELATED TO TO TO CONDITION GIVEN IN PAR OF OPERATION 179B. CONWAS PER OPERATION 1	HE TERMINAL RIT (A). HOITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While A1 Not Work Not Work Not Work Not Work Not Work Output Not Work Output O	g, in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21 F. HOW DID INJ /hile	IN CERTIFYING CAUSES (If in Boltimore Cit URY OCCUR? 19 (2) ta at in (aur) apinian Staff Phys. 23E	y, give exact location) 19 68 death accurred an the date L DATE SIGNED 1-2-/968 ewn, or county) (State)
OTHER SIGN TO THE DE- TO THE DE- DISEASE OR 19A. DATE OF 19A. ACCID OR CONTRIL DEATH (noting) 21D. TIME (APPROX.) 22. I certife that (we and haur a 23A. SIGNAT 23C. PHYSIC NAME 14A. BURIAL CR REMOVAL BURIAL CR REMOVAL BURIAL CR REMOVAL	ATH BUT NOT RELATED TO TO TO CONDITION GIVEN IN PAR OF OPERATION 179B. CONWAS PER OPERATION 179B. CONWAS PER OPERATION 179B. CONWAS PER OPERATION (Month) (Doy) (Yeor) Ty that 47 (this haspital or operation of the causes starting of the cause of the causes starting of the cause of t	HE TERMINAL RIT [A]. **POITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work Not Work 1) attended the deceased fram ed alive an	g, in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21 F. HOW DID INJ 22 F. HOW DID INJ 23 D. ADDRESS 23 D. ADDRESS 23 D. ADDRESS 24 D. CREMATORY	IN CERTIFYING CAUSES (If in Boltimore Cit URY OCCUR? 19 (2) ta at in (aur) apinian Staff Phys. (City, 16 POOKLYN, A. A.	y, give exact location) 19 68 death accurred an the date DATE SIGNED 1-2-1968 own, or county) (Stote) CO. Md.
OTHER SIGN TO THE DE-	ATH BUT NOT RELATED TO TO TO CONDITION GIVEN IN PAR OF OPERATION 179B. CONWAS PER OPERATION 179B. CONWAS PER OPERATION 179B. CONWAS PER OPERATION (Month) (Doy) (Yeor) Ty that 47 (this haspital or operation of the causes starting of the cause of the causes starting of the cause of t	HE TERMINAL RIT (A). HOITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While A1 Not Work Not Work Not Work Not Work Not Work Output Not Work Output O	g, in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21 F. HOW DID INJ /hile	IN CERTIFYING CAUSES (If in Boltimore Cit URY OCCUR? 19 27 ta at interv) (aur) apinian Staff Phys. 23E OCATION (City, to	y, give exact location) 19 68 death accurred an the date L DATE SIGNED 1-2-/968 even, or county) (Stote)

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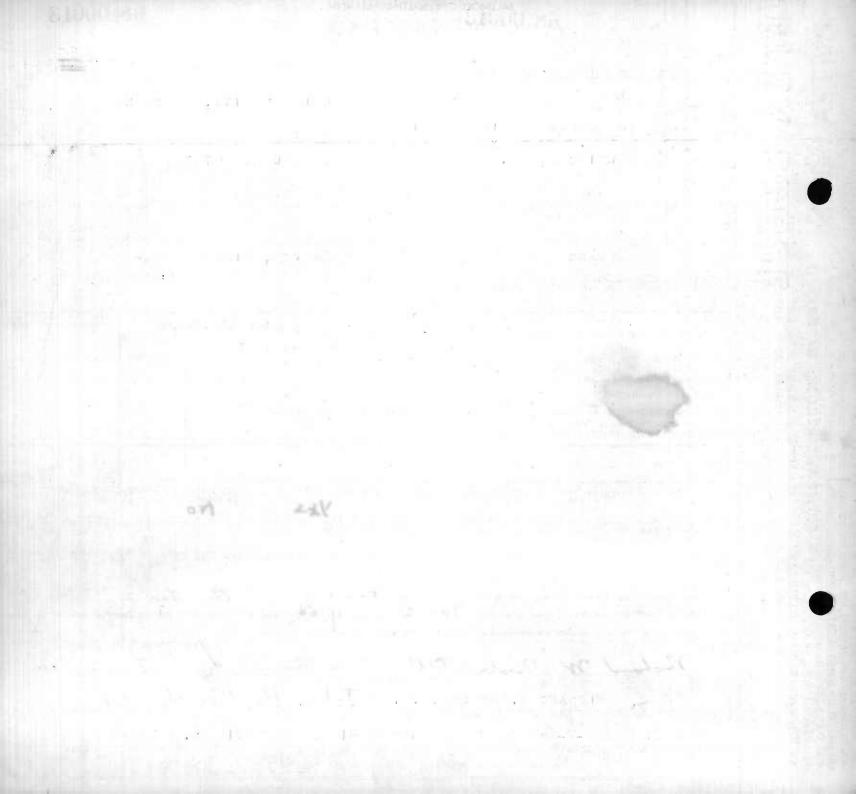
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VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

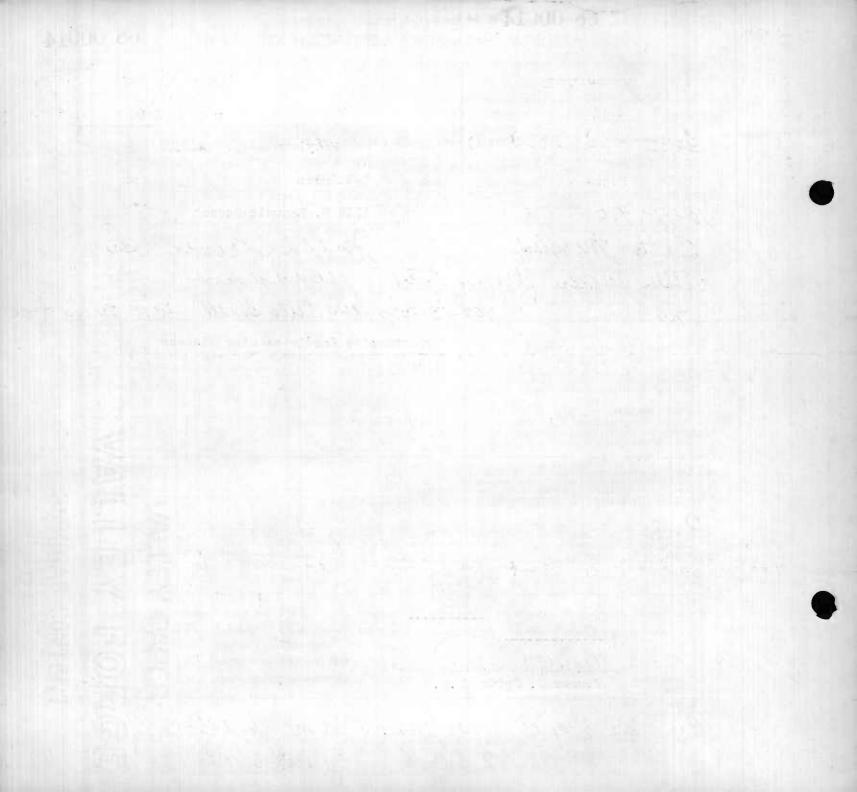
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68 00014 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH REG. NO.	68 00014
(Type or Print) TOSEPH LEWIS	DATE Known Month Day OF DEATH Estimoted January 1, 1	Yeor Hour 3:55P. _{M.}
	DATE Month Day	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD January 1, 196	3:55 P. _{M.}
Hopkins Hospital (DOA)	USUAL RESIDENCE (Where deceosed lived. If institution: r STATE Maryland B. COUNTY	esidence before odmission)
6. SEX 7. RACE B. MARRIED NEVER MARRIED C. C.	CITY OR TOWN D. INSIDE CITY	LIMITS?
Male Negro WIDOWED DIVORCED B	Baltimore VES	XX NO
lost birthdoy Months Doys Hours Min.	TREET AND NUMBER 718 E. Lanvale Street	
11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?	FATHER'S NAME	La.
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15	MOTHER'S MAIDEN NAME	
done during most of working life, even if refried) Collering Estat-	Muhnow	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (il yes, give wor or dotes of service) 702-03-2020	MIES RITH SMALL GS	Prof Lano
19. CAUSE OF DEATH	mes rum small 100	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	ive Cardiovascular Disease	BETWEEN ONSET AND DEATH
LEADING TO DEATH (A)IMMEDIATE CAUSI (This does not mean the mode of dying, e.g., DIJE TO OR AS A 0	E CONSEQUENCE OF:	
heort foilure, osthenia, etc. It means the disease, injury or complication which coused death.)	CONSEQUENCE OF:	
ANTECEDENT CAUSES (P)	***	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	CONSEQUENCE OF:	
UNDERLYING CONDITION LAST	50 050 0 50 0 50 0 50 0 50 0 50 0 50 0	***************************************
P 443 X 11		
OF THE RIGHTICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PI	***************************************	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PI	ERFORMED	21. AUTOPSY? (Yes or No)
		No
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., In or home, lorm, loctory, street, ollice blds)	r obout 22C. WHERE DID (II in Boltimore City, give exoct g., etc.) INJURY OCCUR?	locotion)
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT WHILE M. WORK AT WORK		
23.		
I certify that I held an Inquiry Inspection Autops	y and that an this basis, death in my o	pinion
resulted from: Natural causes Accident Suicide		
ACTUAL ////	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D. EXAMINER'S LIGHTON II CRICA M.D.	ASSOCIATE MEDICAL EXAMINER	1 0 (0
NAME (Type) WEITHER O. Spite, M.D.		1-2-68
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMOVAL (Specify)	REMATORY 24D. LOCATION (City, town,	or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR AD	DRESS
JAN 3 1968 Robert E. Farluna	Earl Gilmore 1821	7 W. North Une
VS 151-REV. 1/1/68	10000	1/



126 68 00015 BALTIMORE CITY	HEALTH DEPARTMENT 68 (00015
25 68 00015 CERTIFICA	TE OF DEATH REG. NO. 000	0010
BIRTH NO.		
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH	
Louise Rodgers	1-2-68	M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE 8. COUNTY	sidence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md.	
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIM	
37	Balto. YES X	NOL
DOA MMK Mercy Hospital	1309 N. Calvert St	11-01
5. SEX 6. RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under lost birthdoy) Months:	1 Yr. If Under 24 Hrs. Doys Hours Min.
Fem. Cau. WIDOWED DIVORCED	April 22,1925 lost birthdoy) Months	Doys Hours Willi.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
Housewife	Virginia U.	S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	54114
Dewey N. Dean 15. Wos Deceased Eyer in U. S. Armed Forces? 16. SOCIAL	Mary A. Hensley	4000000
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	Charles W. Rodgers 1309 N. Cal	vert Street
18. CAUSE OF DEATH	H I	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH S Z (ANIMMEDIATE CAL	ISE HEPATIC FAILURE	Suddlen
(This does not meon the mode of dying, eg. DUE TO, OR AS	A CONSEQUENCE OF:	
injury or complication which caused death.		7
ANTECEDENT CAUSES	RAGIS OF LIVER-	1
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the obove couse (A) stoting the	-co Holic - ?	2
	it inverse.	
z 3-81.1 II X		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
DISEASE OR CONDITION GIVEN IN PART 1 (A.		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A, ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D	EATH?
W	100	
OZ 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., i or	n or obout 21 C. WHERE DID (If in Boltimore City, give ffice bldg., INJURY OCCUR?	exoct locotion)
<u> </u>		
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?	
(APPROX.)		
22. I certify that (1) (this hospital) attended the deceased fram	12/30 1967 10 1/2	1968
that (1) (we) lost sow the deceased alive on 12/30	19 67 and that in(my) (aur) opinion deot	
ond hour and from the couses stated above. (1) (We) (did) (did not) v		
23A. SIGNATURE	23 B. DATI	NGN PD
	ending TO Med. Staff	W/cc-
DEGREE Phy	s. Director Phys.	168
NAME (Type) JOSEPH S. BLUM	MITH - CALUERT ST	/
24A. 8URIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRI	EMATORY 24D. LOCATION (City, town, or	countyl (Stote)
Burial 1-5-68 Woodlawn Cemeter	y Baltimore Maryl	and
25A. DATE REC'D 8Y HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADORESS
JAN 3 1968 R. P. B. E. Farberna	Wm. Cook-Brooks Inc. Balto.,	Md. 21202
VC 120 PEV 1/1/40		



VS 150-REV. 1/1/68

68 00016 D. INSIDE CITY LIMITS? YESXX NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. Isadora Lammas amas ADDRESS 704 S. Broadway BETWEEN ONSET AND DEATH 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (our) opinion death occurred on the date 23 B, DATE SIGNED (City, town, or county) Baltimore County, Maryland Lilly & Zeiler Inc. 1901-07 Eastern Ave.

DATE OF THE PROPERTY OF THE PARTY.

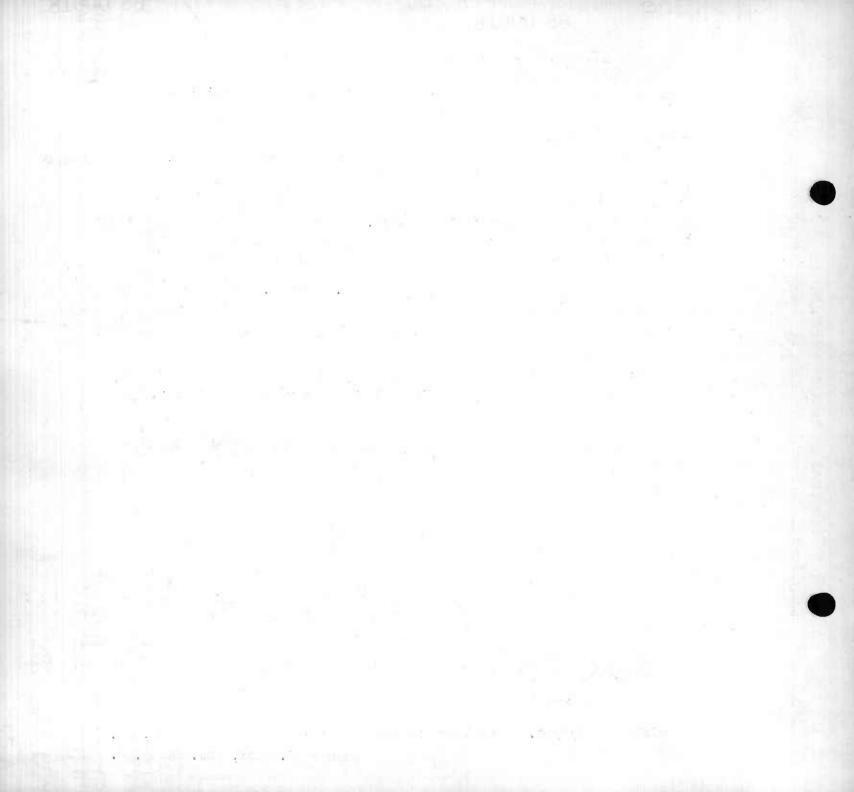
Esodora Lamas

ANTICL I WE TO THE STATE OF THE

BIRTH NO.	REG. NO.												
1. NAME OF DECEASED	2. DATE Known Manth Day Year Haur												
(Type or Print) PRESLEY ALLEN MERRITT	OF DEATH Estimoted .												
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour												
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD January 1, 1968 12:20 A _M .												
University Hospital (DOA	5. USUAL RESIDENCE (Where deceased lived, if institution; residence before odmissian) A. STATE Maryland B. COUNTY												
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?												
Male Negro WIDOWED DE PIVORCED	Balfimore YES NO												
9. DATE OF BIRTH 10. AGE (In years of Under UV), If Under 24 H. Months, Doys, Hours, MI 47													
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	12 EATHERIC NAME												
PLAINFIELD NES WHATEOUNTRY?	Laywood Moneit												
14A. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUS													
TAINTER GONCONTRACTOR	ARMONIA GRANT												
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no ar unknawn) (If yes, give war ar dates of service) SECURITY NO.	18. INFORMANT ADDRESS												
453 WWIT 140-10-464	1 Haywood YERRIT-PLAINEIERD NIS.												
19. CAUSE OF D	EATH APPROXIMATE INTERVAL												
District On Confession	BETWEEN ONSET AND DEATH												
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Consiners of lung												
(This does not mean the made of dying, e.g., (A)!MMEDIAI	E CAUSE Carcinoma of lung R AS A CONSEQUENCE OF:												
heart failure, osthenio, etc. It meons the disease, Injury or complication which caused death.)													
ANTECEDENT CAUSES (8)													
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE													
UNDERLYING CONDITION LAST													
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING													
DISEASE OR CONDITION GIVEN IN PART 1 (A).													
CC)	WAS PERFORMED 21. AUTOPSY? (Yes or No)												
0	No												
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.	g., in ar about 22C. WHERE DID (If in Baltimore City, give exact lacation)												
UNDERLYING OR CONTRIB- hame, farm, factory, street, a	ffice bldg., etc.) INJURY OCCUR?												
	D 225 HOWDID INTURY OCCURS												
OF INJURY													
(AFFROX.) m. WORK A	T WORK												
23. I certify that I held on Inquiry Inspection 1													
ACTUAL SIGNATURE ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE SIG													
							EXAMINER'S Charles S. Springate, M.D	onarios of plantage of the contract of the con					
							24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETER	RY or CREMATORY 24D. LOCATION (City, town, or county) (Stoje)					
							REMOVAL (Specify)	Scotts Plans Towns HIP N, S.					
VEMOLUS 112100 A4111210E	OCOILO I INING TO WINS HIP												
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Mars fare P Hayes 638 n Gelman St												
	110011												

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	68 000	18 CERTIFICA	TE OF DEATH	REG NO		
BIRTH NO.	DECEASED			ID HOUR OF DEATH	2.0	
(Type or Print)		COY	0	2,1968	3 3 P M	
3. PLACE IN	BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD		re deceased lived. If in	nstitution: residence before admission)	
FILL NAME	OF UE NOT IN HOSPITAL OF	TOTAL CIVE STREET	Maryland	Baltimore	e Ca .	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION			C. CITY OR TOWN D. INSIDE CITY LIMITS?			
		Baltimore 21234 YES NO 19				
4911	Manfland Fren.	chest.	E. STREET AND NUMBER	1 101		
10			8909 Ha	atord Na	. 53-00	
5. SEX	6. RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.	
M	WIDON		Sept. 20, 1903	64		
	OCCUPATION (Give kind of work 108, KIN ost of working life, even if retired)		•	gn country)	12, CITIZEN OF WHAT COUNTRY?	
/11/	dinnet	endix Radio Cor	Pa		USA	
3. FATHER'S			14. MOTHER'S MAIDEN NA	ME		
57	ewant COY		Sally H	leck		
5. Wos Dece	nown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	7.000	ADDRESS	
Yes	WW2	SECORITI NO.	Mrs. Alice M.	ial releva	(SAME)	
18. //	2 /	CAUSE OF DEAT	TH / VU-COLL	ial receive	APPROXIMATE INTERVAL	
DI	SEASE OR CONDITION DIRECTLY	BRONC	140 PNEWYON,	A	BETWEEN ONSET AND DEATH	
	LEADING TO DEATH	(A) IMMEDIATE CA	USF			
	es nat mean the made al dying, lure, asthenia, etc. It means the disc	e.g., DUE TO OR AS	A CONSEQUENCE OF:		/.	
	camplication which caused death.)		JOMA OL	& LUNG		
	ANTECEDENT CAUSES	Trogr	ED & X-RM	E residu	r_	
DISEASE	S OR CONDITIONS, if any, gi	ving DUE TO, OR A	S A CONSEQUENCE OF:			
	the abave cause (A) stating	lhe (c)			A D THE REST OF SHIPPING	
1/ -	and Constition last.	Della DVI	WICHMATIC	HISTORICE OUS	129V2	
Z OTHER SIG	GNIFICANT CONDITIONS CONTRIBUTI	NG DULLO	JAK PONK	CHA	426	
HE TO THE	DEATH BUT NOT RELATED TO THE TERMITOR CONDITION GIVEN IN PART 1 (A).		() () () () ()	10111		
		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED	
19A.DAT	WAS PERFORMED		Tio	IN CERTIFIING CA	Yeb	
OR CONT	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(tl in Boltimor	re City, give exact location)	
	notify medical examiner	etc.)				
OF INJU		21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
E (APPROX.		While At Work At Work	ile	^		
22 1	rtify that (1) (this haspital) attend		0	19 67 to AC	2n 2 1968	
		().	4.0			
	(we) ast saw the deceased alive	#		at in (my) (aur) opi	nian death occurred an the date	
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Shaff						
23C. PHYS	AE (Type)	21	23D. ADDRESS	1 1 1	1/ 0	
	Youndsik	1900N DEGREE	/ many	and the	u. Herg.	
24A. BURIAL REMOV	AL_(Specify)	C. NAME of CEMETERY of CI		OCATION (C	ity, town, or (ounty) (Stote)	
Bur	121 1/5/68.	Baltimore Nation	nal Cemetery	Baltimor	re, Md.	
25A. DATE RI		ME OF REGISTRAR	25C HUNERAL DIRECTOR	k/Inc. Bal	to . Md . 292176 7	
JAN	3 1968 R. Cub E.	stackentia 1	1000	13 /1	CIPDIV	
/\$ 150-PEV	1/1/68					



B-	435 68	0001	BALTIMORE CITY	TE OF DEATH	REG. NO	68 00019
BIRTH NO. 1. NAME C	OF DECEASED			2. DATE	and hour of death	Α
3. PLACE	IN BALTIMORE, MARYLAND, WAR OF (IF NOT IN HOSPIT OR ADDRESS OR LOC.	AL OR INSTITU	DS BALDWIN, SR UNCED DEAD UTION, GIVE STREET	4. USUAL RESIDENCE (WA. STATE B. COL Md. C. CITY OR TOWN Baltimor E. STREET AND NUMBER	here deceased lived, If i	SIDE CITY LIMITS? YES NO
5. SEX	6. RACE White	7. MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH Oct. 5, 1907.	9. AGE (In years lost birthdoy) 60	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA. USUAl	L OCCUPATION (Give kind of work most of working life, even if retired) eam Maker				preign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER	Hesea B	aldwin		14. MOTHER'S MAIDEN N		E. Cissell
	eceased Ever in U. S. Armed For Inknown) (If yes, give wor or date		216-03-8544	Mrs. Eleanora	H. Baldwin	(Same)
DISEA ise UNDE OTHER OTHER DISEA	SIGNIFICANT CONDITIONS CO E DEATH BUT NOT RELATED TO 1 SE OR CONDITION GIVEN IN PAI ATE OF OPERATION 1986 CON	any, guring stating The Stating The HTRIBUTION TO RETAIN THE STATE OF	WHICH OPERATION	A CONSEQUENCE OF: Shapeng 20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?
	WAS PER ACCIDENT WAS UNDERLYING DITRIBUTING CAUSE OF I (notify medical examine)		ne, form, foctory, street, o	in or obaut 21 C. WHERE DID	(If In Baltimo	ore City, give exact location)
21D.TI OF IN	IME (Month) (Doy) (Yeor)	(Hour) 21 E	. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
	certify that (1) (this hospita 1) (we) last saw the deceas		he deceased fram	19 6 7 and	19 6 ta	pinian death accurred an the dat
23A. SI	ROCALDANS AME (Type) TO CONSIDER THE CONTROL OF TH	ando	Ath DEGREE Phy	ending Med.	staff phys. arterd R	23R DATE SIGNED 1-3-68
REM	AL CREMATION, 248. DATE OVAL (Specify) 1/6/6	8. G	ardens of Fait		Baltimo	
J	AN 3 1968 (V. 1/1/68	-0	Fallyna (Leonard J. I	Ruck, Inc. Ba	1to. Md. 21214

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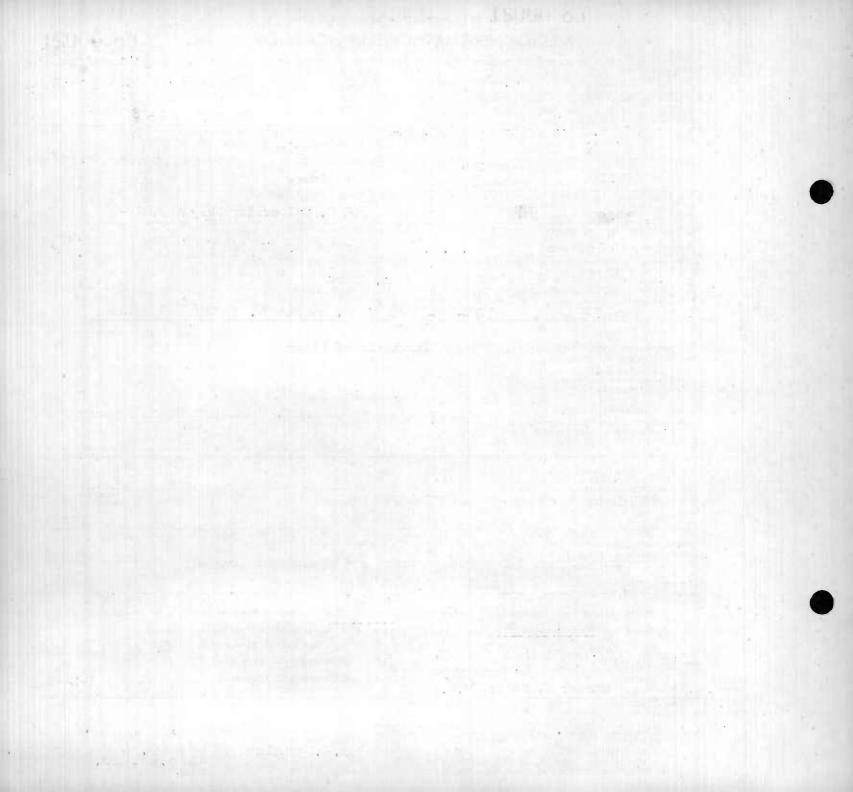
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7 1011	1		BALTIMORE CITY	HEALTH DEPARTA	MENT		an ana
+-624	68	00020	CERTIFICA	TE OF DE	TIL	REG. NO.	68 00 020
BIRTH NO.	00	00000	CERTIFICA	IE OF DEA	AIH		
NAME OF DEC			2 1 1 1 1 1			HOUR OF DEATH	1 7 3
Type or Print)	Marie C. Fr	oslev			Jan.	1. 1968	1/038 AN
	TIMORE MARYLAND, V		NCED DEAD		ICE (Where	deceased lived, If in	stitution: residence before admission)
				A. STATE	B. COUNTY		
ULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	TION, GIVE STREET	Md.			
NSTITUTION	ADDRESS OR LOC	A 110147		C. CITY OR TOWN		D. INS	IDE CITY LIMITS?
Hom	se in The P	inos Pa	les o d'o so o	Balto.			YES X NO
100	se in the r	mes be.	rvedere	E. STREET AND N			17-01
4				3134	AbelLA	lve.	
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths: Days Haurs Min.
F	W	WIDOWED	M DIVORCED	3-5-1877	10	st birthday)	returns buys returns
		_	BUSINESS OR INDUSTRY		nte ar fareian	, -	12, CITIZEN OF WHAT COUNTRY
one during mast of	working life, even if retired)					,	
Hous	sewife	Own]	Home	Denmar	k		Denmark
FATHER'S NA	ME	1		14. MOTHER'S MA	IDEN NAMI		
Data	r Peterson			14	4.4 T		
		2	1/	Margre	tta La	arsen	ADDRESS
 Was Deceased es, na at unknown 	d Ever in U.S. Armed Fa	rces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
no		, h _A	-218-54-4222	Mrs. An	ne F	Barnett	Above
18. // 5	500 00	OVE	CAUSE OF DEAT				APPROXIMATE INTERVAL
OTHER SIGNI TO THE DEA DISEASE OR C 19A. DATE 121A. ACCIDE	FICANT CONDITION I GSI. FICANT CONDITIONS CONTINUES OF CONDITION OF CAUSE OF CAUSE OF	THE TERM NAL RT 1 (A): NOITION FOR W	which operation Classification PLACE OF INJURY (e.g., i e., form, foctory, street, o	20 A. AUTOPSY? (No		IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? re City, give exact location)
	y medical examiner)	etc.)	Home	2		ebel are	12-00,
21 D. TIME	(Month) (Day) (Year)	(Haur) 21 E.	INJURY OCCURRED	21F. HOW	134		
OF INJURY	11/29/1-7	10Ph Whi			1-	8 00 -	0 0
(APPROX.)	11121161	War	k At Work	100	held	fell h	veelin
22. Leartify	that (1) (this haspite	al) attended th	e deceased from		19	66 to true	I deale 19 68
) last saw the deceas		Da 22	19 6.7			nian death accurred an the da
						in (my) (our) api	man death accorred an ine ad
		ated abave. (1)) (We) (did) (d id not) v	iew the bady afte	r death.		
23A. SIGNAT	URE	100	1				23B. DATE SIGNED
	Wall	15/5	note Phy	nding Med.		taff hys.	1/2/12
23C. PHYSICIA	A N° S	, (DEGREE	23D. ADDRESS			1.1-100
NAME	Type)	lter B.			2000	24 D-14	Ma
			DEGREE		ager S		
4A. BURIAL CRE	MATION, 24B. DATE	24C. NA	ME of CEMETERY OF CR	EMATORY	24D. LO	CATION (C	ity, town, or county) (State)
Burial	1-4-6	8 31	enwood		T.	ong Branc	h N.J.
	BY HEALTH DEPT.	25B. NAME Q		25C. FUNERAL	4	ong Diane	ADDRESS
I A AI			Ta Asman			18 Sone	Co. 4905 York Rd.
JAN	3 1968 020	ا ع ماسد	(Crossi,	11.01.0	CHAINS	A DOMS	
S 150-REV. 1/1/	68						Balto., Md.

_ _ I _ _ I

		MED	ICAL	. E)	XAMINER'S				OF	DEAT	H REG. N	68	00021
I. NAME OF DEG	CEASED			_			2. DATE	Known		Month	Day	Yeor	Hour
(Type or Print)	Bruce		G.		Eaton		OF DEATH	Estimate			ary 1,		9:17 A.M.
4. PLACE IN BA	LTIMORE, MAR	RYLAND, W	HERE PI	RONC	DUNCED DEAD		3. DATE			Month	Doy	Year	Haur M.
FULL NAME OF HOSPITAL	(IF NOT	IN HOSPITA	LORINS	TITUTIO	ON, GIVE STREET		PRON	DUNCED DEA	AD J	anuar	y 1, 1	.968	9:17 A. _{M.}
ORINSTITUTION	500 W. (DOA)	Univer	sity	PK	WY Apt. 10)-H	5. USUAL A. STATE	RESIDENCE Maryla		deceosed li	ed. If institu B. COUNT	tion. esidence	before odmission)
6. SEX	7. RACE		8. MARE	RIED	NEVER MARRIED		C. CITY C				D. INSIDE	CITY LIMITS	13-41
male	White		WIDOV					timore				YES 🔀	NO 🗌
June 9.		10.AGE (Ir last birthdo	58		nder 1 Yr. If Under 24 ths Days Hours 1 /	Hrs. Min.		W. Univ		ty Pk	wy Apt	. 10-н	
11. BIRTHPLACE		country)			ITIZEN OF		13. FATHE	R'S NAME					
Greely					YHAT COUNTRY?			ce G.					
done during most of	JPATION (Give warking life, eve	kind of work in if retired)	14B. KINE	OF I	BUSINESS OR INDU	JSTRY	15. MOTH	ER'S MAIDEN	N NAM	E			
Engine	er	W			house Ele		Sar						
16. WAS DECEAS	SED EVER IN U	J.S. ARMED or or dotes	FORCES of service	5?	17. SOCIAL SECURITY NO.		18. INFOI					ADDRESS	
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19.57	1,81				CAUSE OF	DEAT	Н						APPROXIMATE INTERVAL WEEN ONSET AND DEATH
DISEAS	E OR CONDI		CTLY		Cirr	hos	is of	Liver					
(This does	LEADING TO not mean the r		ina. e.a.		(A)IMMEDIA	ATE CA	LUSE	QUENCE OF:					
heart failure	e, osthenia, etc. mplication which	It means the	diseose,		DUE 10,	OR AS	S A CONSE	QUENCE OF:					
								7 .					
	OR CONDITION		GIVING		(B)	OR A	S A CONS	EQUENCE OF					~~~~
RISE TO TH	E ABOVE CAU	ISE (A) STAT	TING THE										
2					(c)								
O TO THE DE	ATH BUT NOT	RELATED TO	THE TERM	INAL									
DISEASE OF	R CONDITION (_			WHICH OPERATION	L MAA	DEDECO	44 FD				Part	
O 20A. DATE O	POPERATION	200. CON	NOITION	FOR	WHICH OPERATION	N WA:	PERFOR	MED				21. AUI	OPSY? (Yes or No)
ZZA. EXTER	NAL CAUSE V	WAS		228 6	PLACE OF INJURY		n as about	22C WHERE	DID //	C:= Palaima	- City - ivo	nunct location	Yes
UNDERLYING UTING CA	OR CONT	RIB-		home	, farm, foctory, street,	, affice	bldg., etc.)	INJURY OCC	CUR?	i iii odiiiiiio	e City, give	exact racalion,	
≥ 22D. TIME OF INJURY	(Month) (Do	oy) (Yeor) (Hou	′	ZE.INJURY OCCURR			22F. HOWD	ונאו סו	URY OCCI	JR?		
(APPROX.)						AT WC	ORK						
23.	منان ملمم المم	ld as 1					tial	and about			be at a		
	tify that I he				Inspection		opsy LX		1			my opinion	
resul	ted from: No	oturoi cou	ses 📺		ccident Su	uicide	· []	CHIEF MEDI			ned monne	er 🔲	
ACTUAL	11111	110		7	7			CHIEF MEDI			\mathbf{x}		DATE SIGNED
SIGNAT		1ms	n	(M	M.D.							
EXAMIN NAME (ner U.	Spi	tz	M.D.		ASS	OCIATE MED	ICAL EX	AMINER			1-2-68
24A. BURIAL CRE REMOVAL (Spec	MATION, 24	B. DATE			NAME of CEMET	ERY a	r CREMA	ORY	24D. L	OCATION	(City, t	own, or count	y) (State)
Cremat		an.3/			reenmoun	t	1	#1151#7 1 ·		ltim	ore,		Id.
JAN 2				4004	of REGISTRAR		H.	W. Jenk	kins	& S	ons C	ADDRESS 12. Mc	5 York Ro
VS 151-REV. 1/1/6	8		1	7	5 8			1 1		1			

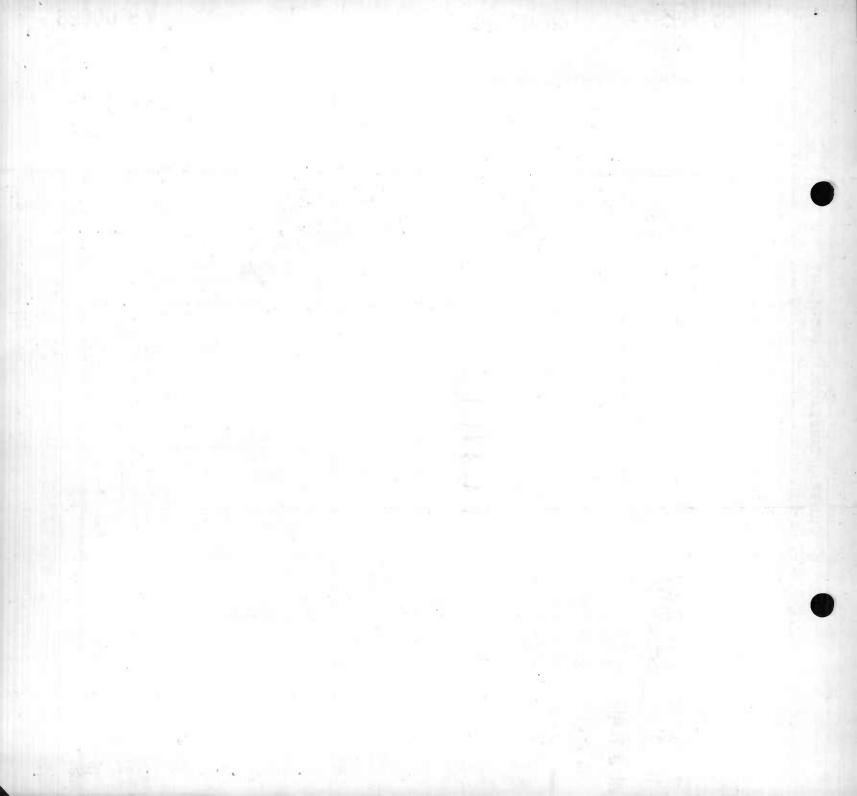


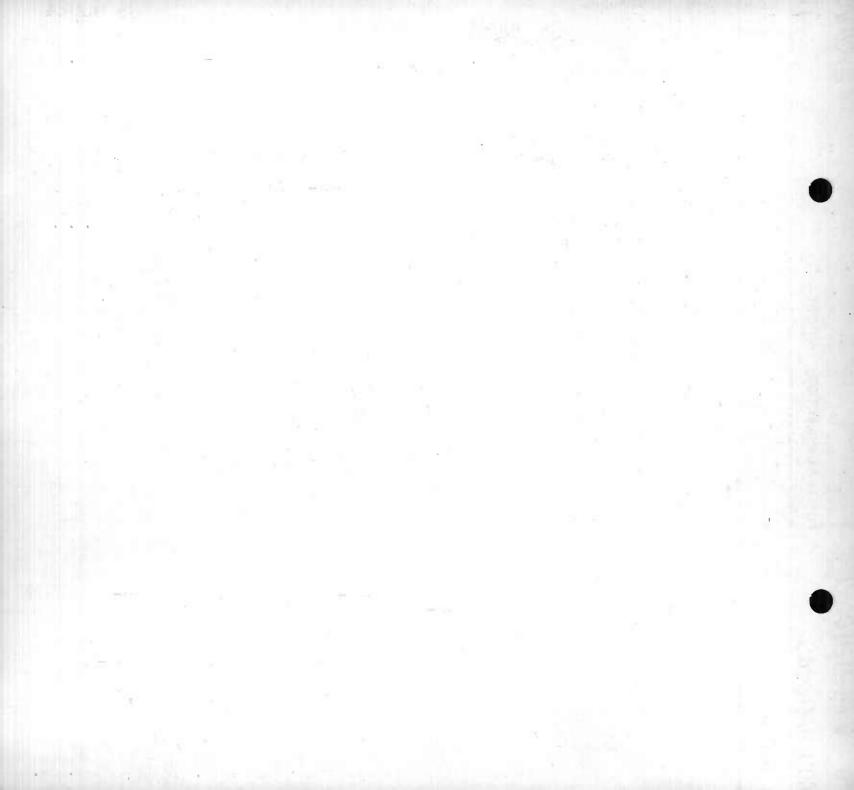
Such

2.151	00.00	BALTIMORE	CITY HEALTH DEPARTMENT		68 00000
0-605	68 00	UZZ CERTIFI	CATE OF DEATH	REG. NO.	68 00022
BIRTH NO.	1	0=1(1111		HOUR OF DEATH	114
(Type or Print)	Jelyn L	. Burnl	am	1/1/	68 7 PM.
3. PLACE IN BALTIMOR	E, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived. If hn	stitution: residence before odmission)
FULL NAME OF (INSTITUTION	F NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET		1136	Bulls P. 5 3 400
	10.	11 1	1 Reisters	KURD	YES NO
Maryla	10 Oluena	a Heograla	E. STREET AND NUMBER	NOM	Drive
S. SEX 6. RA	CE 7. MA	ARRIED NEVER MARRIEL	B. DATE OF BIRTH / / 9	AGE (In yeors	If Under 1 Yr. If Under 24 Hrs.
	WID	OWED DIVORCE	12/22/08	59	Months Doys Hours Min.
dorle during most of working		IND OF BUSINESS OR IND	USTRY 11. BIRTWIFLACE (Shote or loreig	n country)	12. CITIZEN OF WHAT COUNTRY?
1. now Ser	ITFE		Mary	and	USH
13. FATHER'S NAME		1 1 1	14. MOTHER'S MAIDEN NAM	E	
Novi	yan Hit	Chrock	Leona	2 Kun	Page 1
(Yes, no or unknown) (If ye	n U. S. Armed Forces? s, give wor or doles of s	ervice) 6. SOCIAL SECURITY NO.	17. INFORMANT	2010-	ADDRESS
110	7.	CAUSE OF	HOSPIA	Lucer	APPROXIMATE INTERVAL
18. 4. 36	<i>Y</i>		DEATH	. /	BETWEEN ONSIT AND DEATH
	CONDITION DIRECTLE	(101	rebionio scular	Grando-	at blogues
(This does not me	on the made of dying	(A) IMMEDIA	DR AS A CONSEQUENCE OF:	1100 au	11 19 Cuys
	nio, etc. II means the d ion which coused death	iseose,	on a consequence of .		/
	CEDENT CAUSES	•			
		(B)	OR AS A CONSEQUENCE OF:		
	ONDITIONS, if any, ave cause (A) slotin	91.11.9	or as a consequence or.		
UNDERLYING CO	NDITION lost.	(c)			
- 331X	11	E LITER DE LE			
	CONDITIONS CONTRIBUTION TO THE TER				
DISEASE OR CONDIT	TON GIVEN IN PART 1 (A)		[00.4	000 15 45	
19A. DATE OF OPER	WAS PERFORME	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
19A. DATE OF OPER	AS HINDSOLVING	010 01 400 07 111	/	100 - 2 - 1	
OR CONTRIBUTING DEATH (notify medic	CAUSE OF	home, form, foctory, streetc.)	(e.g., in or obout eet, office bldg.,	(It In Boltimore	: City, give exact location)
Q 21D. TIME (Mon	th) (Doy) (Year) (Hou	11) 21E. INJURY OCCURRE	D 21F. HOW DID INJU	RY OCCUR?	
S OF INJURY			While 7		
	A. (.)		Work 12 30)	107	1/1 /0
	•	nded the deceased from	1/1 /2/20 19		1960.
	saw the deceased aliv			t in (my) (obc) opir	nian death accurred on the date
ond hour and fram	the causes stated ob	rove (I) (Ne) (did) (did)	net) view the bady ofter death.	,	
23A. SIGNATURE	-11	1		1	238. DATE SIGNED
I ANN	MARIAN	WWW MAN		haff hys.	1/1/68
23C. PHYSICIAN'S	1 Marian MI	VVV DEGREE	23 D. ADDRESS	/	11100
NAME (Type)					
24A RIDIAL CREATATIO	NA DATE		EGREE	CATION	10.
REMOVAL (Specify		24C. NAME of CEMETERY	0		y, town, or county) (Stote)
Burial	Jan. 4,68	Druid Ridge		ilesville,	Ild.
2SA. DATE REC'D BY H	EALTH DEPT. 25B. N	AME OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS
	1000 0	A T A	0 7 61. 0	C 0	A4 1
JAN 3	1968 Reub	E, Farley MA	J. F. Eline &	Sons Reis	terstown, Md.

ant if death occurred in a hospital and	direct or contributing cause of death id: (4) Undetermined cause: (5) Deceased	ath was in regular attendance on the	on the deceased prior to death. Such I disposition is made.
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature: (2) Rody hums: (3) A fracture of any kind: (4) Undetermined cause: (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

5-356 68 00	MA99 -	TE OF DEATH KEY	G. NO. 68 00023
6800	JU23 CERTIFICA	TE OF DEATH	
NAME OF DECEASED		2. DATE AND HOUR C	OF DEATH
Type ar Print) Joseph.	Stamman	January 1	1968 9:00 A.
		January 1,	l lived. If institution: residence before admission
B. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	A. STATE B. COUNTY	i lived. It institution, residence before damission
HIL MANAS OF THE MOTING MORRISAL OF	A INSTITUTION ONCE CORRECT	Maryland	01-41
ULL NAME OF (IF NOT IN HOSPITAL O	OR INSTITUTION, GIVE STREET		To tale the circumstate of the
NSTITUTION		C. CITY OR TOWN	D. INSIDE CITY LIMITS?
		Baltimore	YES X NO
000000		E. STREET AND NUMBER	
0 0 11 S. Kresson S.	treet	77 C 11 C1	,
		17 S. Knesson St	
SEX 6. RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In	
Male White WII	DOWED DIVORCED	8/2/1883 84	
A. USUAL OCCUPATION (Give kind of work 10B.		11. BIRTHPLACE (State ar fareign country)	12. CITIZEN OF WHAT COUNTR
ne during most of working life, even if retired)		11. BIKINFLACE (Store of Idreign Country)	
(ooper E	sskay Meat (o.	Baltimore, Marylan	d U.S.A.
	3.3. (49 7. 1040	· ·	0.1017.10
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
7.1. 51.		1 F. 11	
John Stemmer	10.0	Laura Fell	
Was Deceased Ever in U. S. Armed Forces? es,na ar unknown) (If yes, give war or dates af	service) 1 6. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No	216-05-0808	A Jaseph Ednan Sta	mmer 11 S. Kresson St.
710	210-03-0000	11 Juseph Cagan ske	muner 11 J. Nicesson Ja
18. 4. 1. 9 9	CAUSE OF DEAT	t control of the cont	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISTANCE OF COMPLETON DISTANCE			•
DISEASE OR CONDITION DIRECTI	LI SECTION OF THE PERSON OF TH	1.1	- (1/A) INUS
LEADING TO DEATH	A IMMEDIATE CAL	SE ANTERIOSCRENIII	(10.01) 10/13
(This does not meon the made of dyin	g, e.g., DUE TO, OR AS	CONSEQUENCE OF:	
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hearl failure, astheria, etc. It means the injury or complication which caused deat	nischae' "	CONTRACTOR.	
injury or complication which caused deal	nischae' "	e construction	
ANTECEDENT CAUSES	h.) XX		
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Injury or complication which caused deal ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove cause (A) statistically and the obove cause (B) statistically and the obove cause (B) statistically and the obove cause (C) statistically and the obove cause (B) statistically and the obove cause (A) statistically and the obo	gi de y de to, or as de to	20A. AUTOPSY? (Yes or No) 20B, IF Y IN CERT	IFYING CAUSES OF DEATH?
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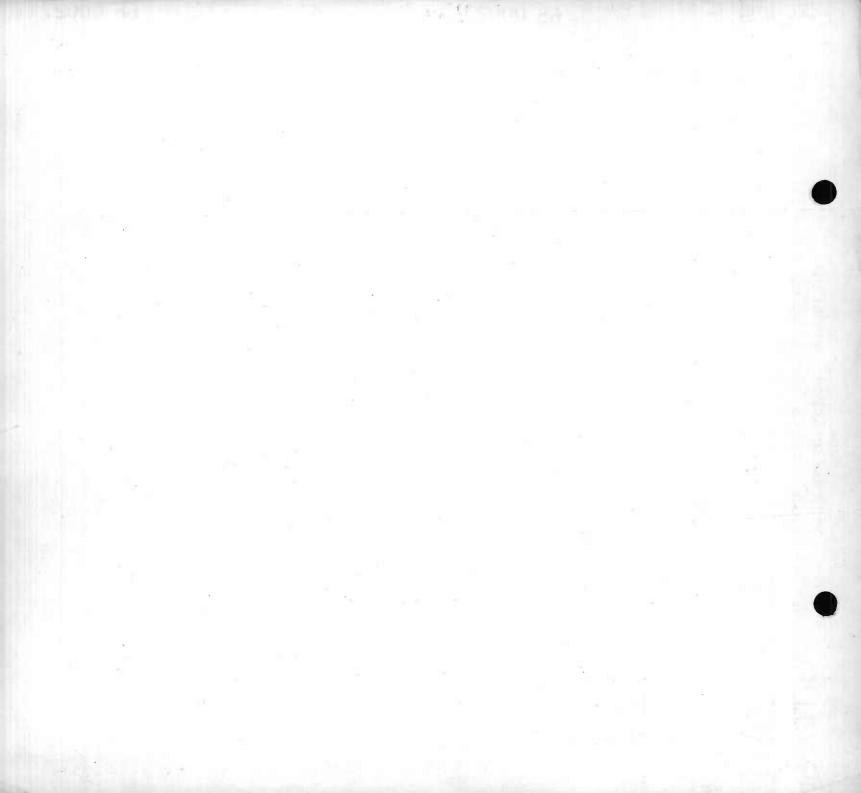


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PLACE IN BA	House in the	Pines, E	NDED	4. USUAL RESIDENCE (Where A. STATE B. COUNTY Maryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER		Stitution: residence before admission DE CITY LIMITS? YES NO
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sex female	6. RACE white	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	June 20, 1893	AGE (In yeors st birthday) 714	If Under 1 Yr. If Under 24 Hrs Manths Days Hours Min.
one during most o	CUPATION (Give kind of work working life, even if retired)		re City	Baltimore, Md.	country)	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NA	•			14. MOTHER'S MAIDEN NAM	E	
Bernaro	Moran d Ever in U. S. Armed For	ces?	6. SOCIAL	Matilda Hawkir	18	ADDRESS
No No	n) (If yes, give wor or dote	s of service/	SECURITY NO.	Dr Walter James	5h12 Purl	ington way
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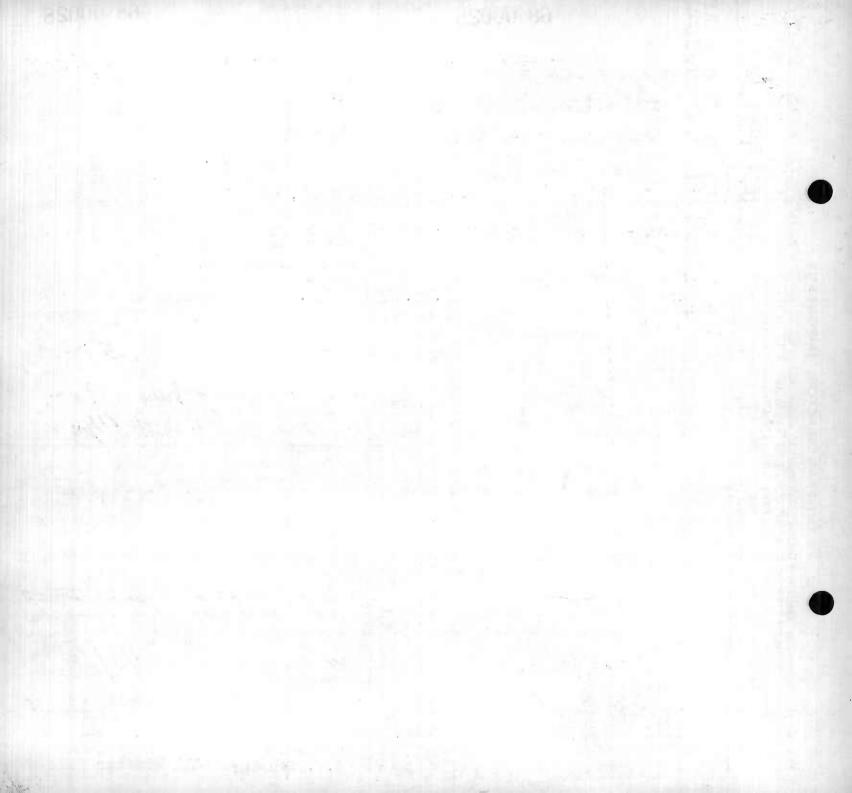


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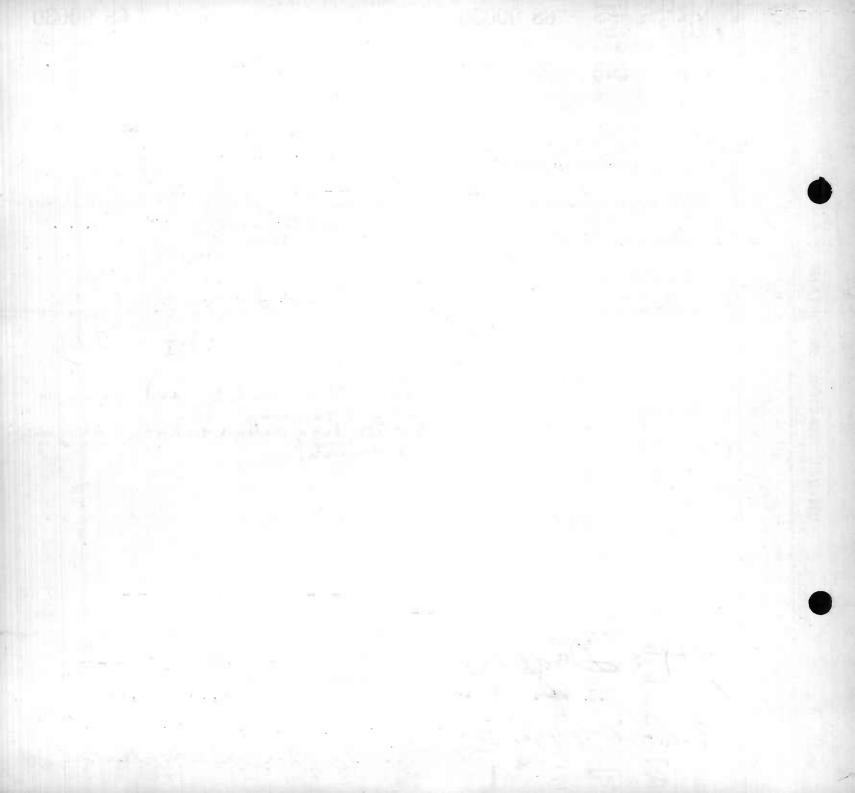
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11	Baltimore City Hospitals 4940 Eastern Avenue Baltimore Maryland 21224			E. STREET AND NUMBER 7981 St. Monica Drive 21222				No Z	
j.	SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. A	GE (In years	If Under 1 Yr.	, If Under 24 Hrs. Hours Min.
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		UPATION (Give kind at wor working life, even it retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sto		ountry)		WHAT COUNTRY?
2	EATHER'S NA		WIFE					0.	O.M.
13. FATHER'S NAME HOWARD					14. MOTHER'S MA	DEN NAME	Ella		
5.	Was Deceased	Ever in U. S. Armed Fo	rces?	6. SOCIAL	17. INFORMANT			ADDRI	SS
ľe	s, no or unknown	(If yes, give wor or dot	es of service)	07 / 7429D	Records:	BCH-4940	Eastern	Avenue 2	21224
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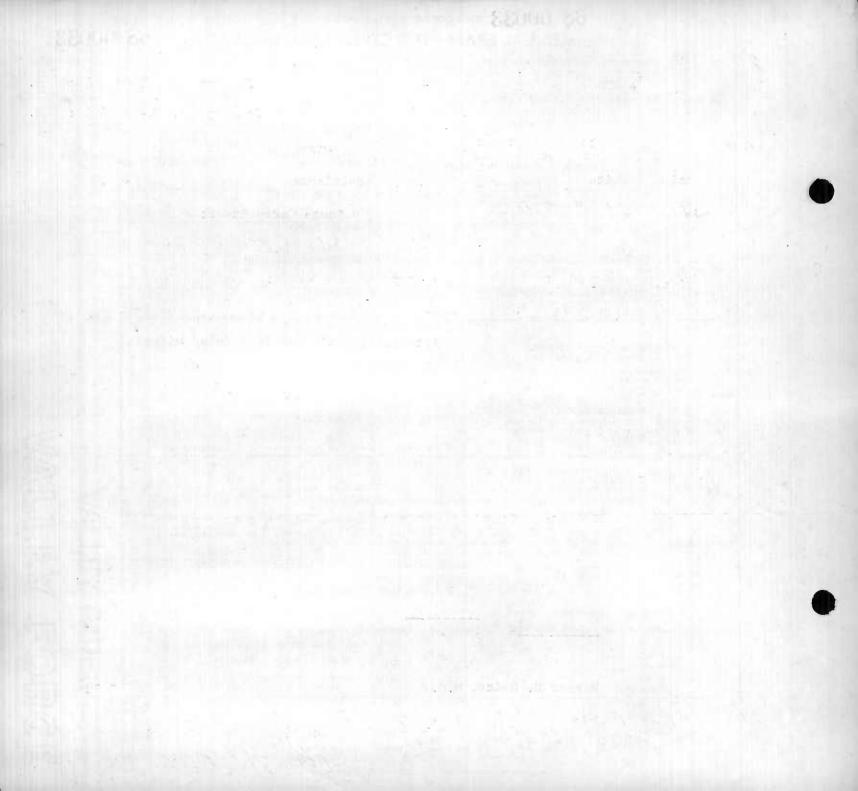
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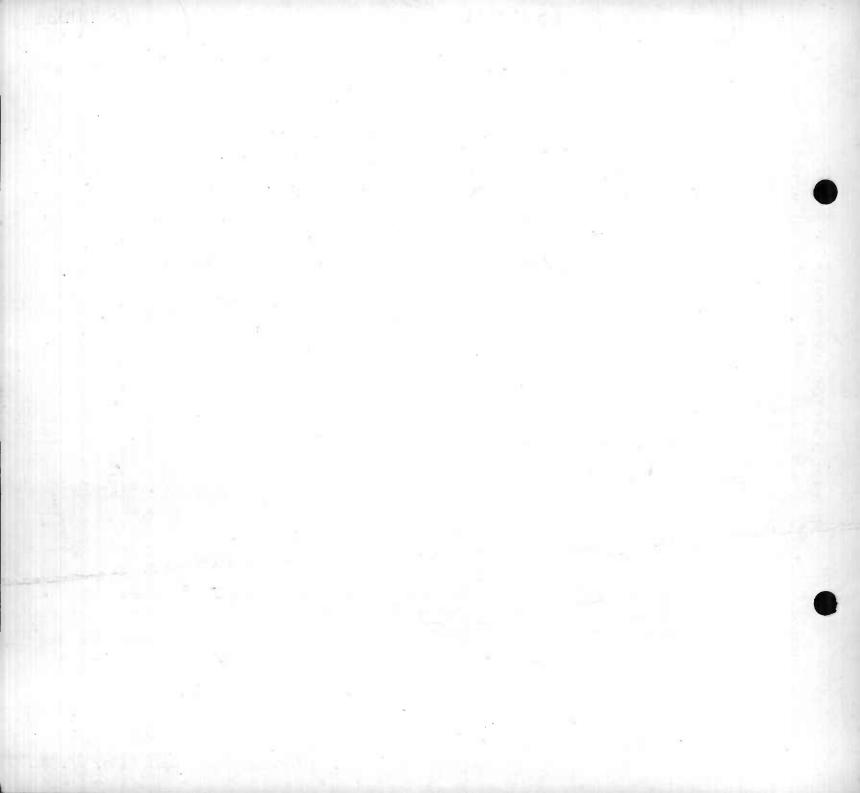
68 00033 BALTIMORE CITY HEALTH DEPARTMENT

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MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH PEG	_{NO} 68	0003

BIRTH NO.									
1. NAME OF DEC	LOYD	21.	F FARRAR	2. DATE OF DEATH	Known 🔀	Month January	Doy 2,	1968	10:08 A _m
4. PLACE IN BAL	TIMORE, MARYLAND, V	HERE PRONOUN		3. DATE		Month	Doy	Yeor	Hour M.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITUTION,	GIVE STREET		INCED DEAD	January	2,	1968	10:08 A M. before odmission)
	9 South Care	y Street		A. STATE	ARYLAND		COUNTY		7-12
6. SEX	7. RACE	8. MARRIED IN	NEVER MARRIED	C. CITY OR	TOWN	D	. INSIDE	CITY LIMITS?)
male	White	WIDOWED	DIVORCED [Balti	imore			YES 泽	NO 🗆
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5-14-	H 10. AGE (I	7 66	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 So	uth Care	y Street			
11. BIRTHPLACE	State or foreign country)	12. CITI		13. FATHER					
	1as -	WH	T COUNTRY?	1	O. h.				
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DAA A	working life even if retired)	-6	Venha		lule				
	ED EVER IN U.S. ARMEI		SOCIAL	18. INFORM	AANT , /			ADDRESS	
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19. /	10.0		CAUSE OF DEA	TH HAA	a VIV	your			PPROXIMATE INTERVAL
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00 0	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 0000
	00034 CERTIFICA	ATE OF DEATH	REG. NO	68 0003
I. NAME OF DECEASED	7.	2. DATE AN	D HOUR OF DEATH	<u></u>
(Type or Print) SESSIE	1. GlAIR	/	- 3-68	13.
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If ins	titution; residence before adm
FULL NAME OF (IF NOT IN HOSPITAL O	R INSTITUTION, GIVE STREET	MARLIAND		1/100
HOSPITAL OR ADDRESS OR LOCATION	()	C. CITY OF TOWN	D. INSIE	DE CITY LIMITS?
1	. /	BALTIMORE	Jan. 1	YES NO
BON Secours	- Hospital	E. STREET AND NUMBER	-GIL HOR	11 71223
Bon Geetter		125 J. E	of mour	St. 2122
5. SEX 6. RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours
FE W WI	DOWED DIVORCED	12/16/99	68	
10A. USUAL OCCUPATION (Give kind of work 10B, done during most of working life, eyen if retired)	KIND OF BUSINESS OR INDUST	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT CO
Lausewife	I time	Kentunt	4	2. S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	y.E	
Richard Ma	son/	Munth	Huberal	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	1400000	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of	service) SECURITY NO.	04 0	-/-	
NO		MS. ChA	et	APPROXIMATE INTE
18. 4/2,91	CAUSE OF DEA		A . S . C . V .	
DISEASE OR CONDITION DIRECT	LY	and one	E 17 13, C.V.	11 10.
(This does not mean the mode of dying	(A) IMMEDIATE C	AUSE Pulmonas	1 eclema	Tou,
heart foilure, osthenio, etc. it means the	diseose,	S A CONSEQUENCE OF:		
injury or complication which caused dea	th.)			
ANTECEDENT CAUSES	(B)	*		
DISEASES OR CONDITIONS, if any, rise to the obove cause (A) stot	3, , , , ,	AS A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(C)			
433.0				
OTHER SIGNIFICANT CONDITIONS CONTRI				
TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1 (A).			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	210 01 405 05 1411154	in or about 21 C. WHERE DID	//f in Rollimore	
OR CONTRIBUTING CAUSE OF	home, form, factory, street,	office bldg., INJURY OCCUR?	(IT IN BOITIMOTE	City, give exact lacation)
DEATH (notify medical examiner)	etc.)			
21D.TIME (Month) (Doy) (Year) (H		21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Work At Wo			
22. I certify that (1) (this haspital) at	tended the deceased from	12-30	19 6 7 to	Jan 3 196
that (i) (we) last saw the deceased al	5	10		nian death accurred an t
			- Alliny (doi) apri	
and haur and fram the causes stated a	ibave (I) (We) (did) (did nat	view the bady after death.		23B, DATE SIGNED
23A. SIGNATURE	Ma	thending Med.	Staff 1	The state of the s
Mohamadi	DEGREE P	hys. Director	Phys.	1-3-68
23C. PHYSICIAN'S NAME (Type)	14.0	23D. ADDRESS		0
NAME (Type) MOHAMADI -	M.D. DEGR	Bon Sacou	us Haspita	
24A. BURIAL CREMATION, 24B. DATE	24C, NAME of CEMETERY OF		OCATION (Cit	y, town, or county)
SEMOVAL (Specify)	Leido York	Gamelen	P	of. hel
25A, DATE REC'D, BY, HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
JAN 4 1968 (P.P.	9.0			1
	Be S AFAD. 48	Se Il Horse	er dr. L	- ani Hall
VS 150-REV. 1/1/6B	to Extanleyma	John Town	ear An Se	- 901 Hall



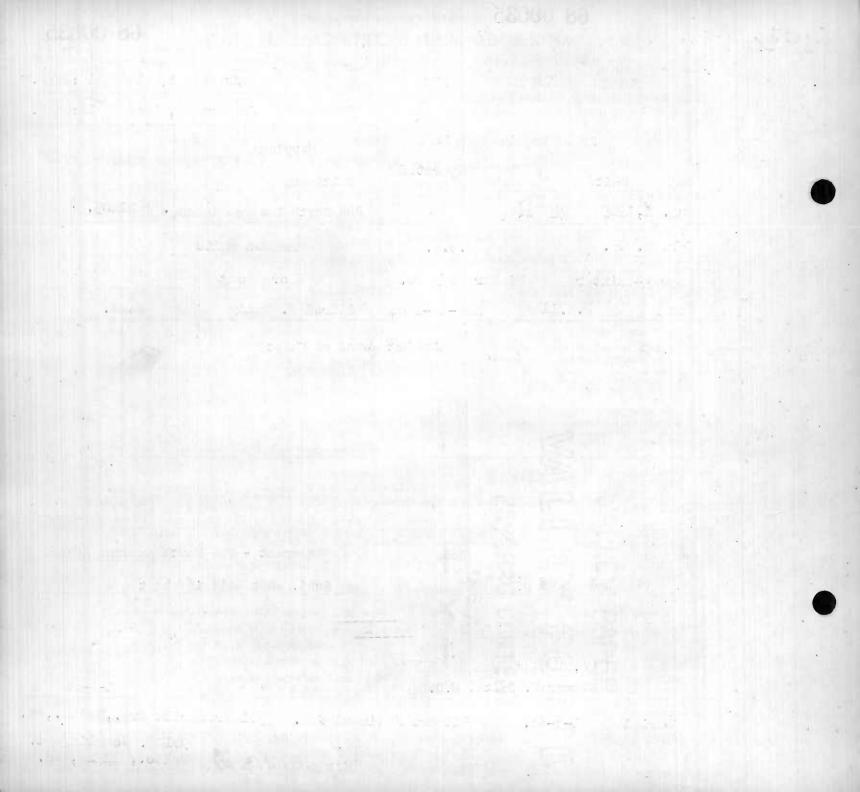
 $68\,\,00035\,$ baltimore city health department

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

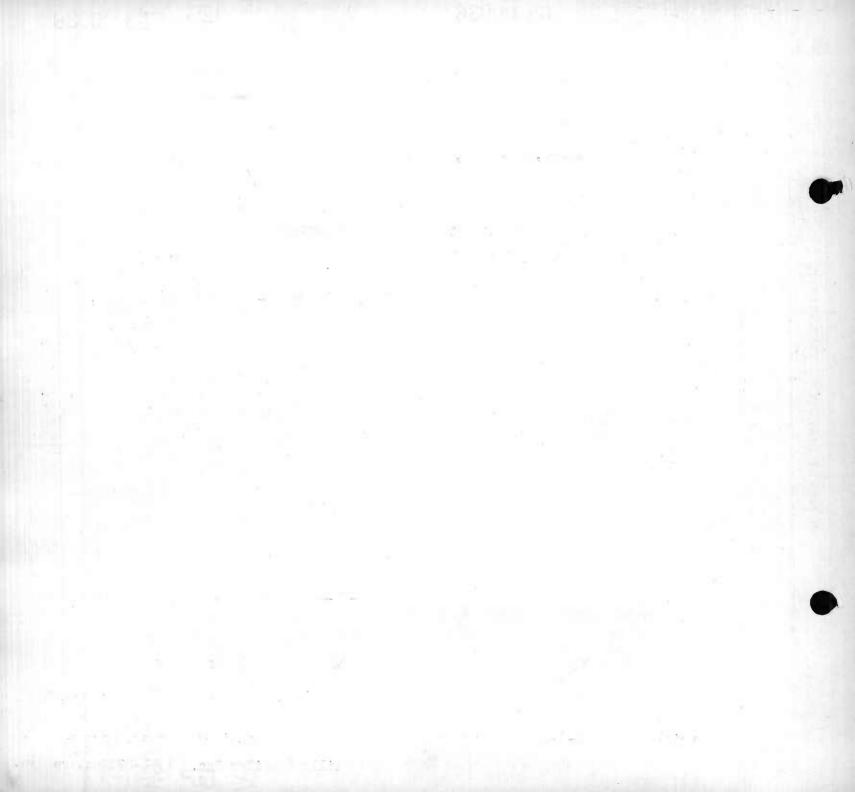
	68	00035
1		

BIRTH NO.								REG. NO				
1. NAME OF DE	CEASED				2. DATE	Known 🔯	Month	Doy	Yeor	Hour		
(Type or Print)	NORMAN	TE	NNIS	WHITE	OF DEATH	Estimoted [Janua	ary 1,	1968	10:09	P .	
4. PLACE IN BA	LTIMORE, MA	RYLAND, V	HERE P	RONOUNCED DEAD	3. DATE	LINICED DEAD	Month	Doy	Yeor	Hour		
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT	SS OR LOCA	LORINS	TITUTION, GIVE STREET (DOA)		RESIDENCE (Whe	Januar			110:09	М	
	J	ohns H	lopki	ns Hospital	A. STATE	Marylar		B. COUNTY	1		3	
6. SEX	7. RACE		8. MARI	RIED HEVER MARRIED	C. CITY O	RTOWN		D. INSIDE CIT	Y LIMITS?	1		
male	9 9 .		WIDOV	_ Do pear a vo a		ltimore		YES	\mathbf{x}	NO 🗆		
9. DATE OF BIRT		10. AGE (III lost birthdo	y) Bb	If Under 1 Yr, If Under 24 Hr Months Doys Hours Mil		North Lu	zerne Av	venue• #	2120	05.		
11. BIRTHPLACE (State or foreig	n country)		12. CITIZEN OF		R'S NAME						
Job, W			1.	WHAT COUNTRY?		Snowden White						
14A.USUAL OCCU	JPATION (Give	kind of work	14B. KINI	OF BUSINESS OR INDUST	RY 15. MOTH	ER'S MAIDEN NA	AME					
done during most of	r-Paint		Fi	sher Body Co.		Flora	Long					
16 WAS DECEAS	SED EVER IN	J.S. ARMED	FORCE	S? 17. SOCIAL	18. INFOR			ADI	DRESS			
(Yes, no or unknown	n) (If yes, give w	W.W.	of service	208-16-2684	Mil	dred J. C	uddy		Same.	•		
19 9	COL	Y		CAUSE OF DE	ATH					PPROXIMATE IN		
DISEAS	SE OR COND	TION DIRE	CTLY	Gunsho	t Wound	of Chest						
Disc.	LEADING TO			(A)IMMEDIATI								
heart foilure	not meon the e, osthenio, etc. mplicotion whic	It meons the	diseose,		R AS A CONSE	QUENCE OF:				. m m & & & & & & & & & & & & & & & & &		
			,									
	OR CONDITION		COVING	(B)	PASA CONS	EQUENCE OF:						
RISE TO TH	IE ABOVE CAL	JSE (A) STA	TING THE		W HO W COTTO	EGOLIVEL OV.						
Z	NG CONDITI	ON LASI.		(C)								
OTHER SIGN		II	ONITRIBUI	TINIC								
TO THE DE	NIFICANT CON ATH BUT NOT R CONDITION	RELATED TO	THE TERM	AINAL				*************				
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED										21. AUTOPSY? (Yes or No)		
_									Yes			
22A. EXTER	RNAL CAUSE			22B. PLACE OF INJURY (e. home, form, foctory, street, of	g., in or obout fice bldg., etc.)	22C. WHERE DID INJURY OCCUR?	(If in Boltimor	e City, give exoc	t locotion)			
B UTING □ C	AUSE OF DEA			Home		Basemen	t - 806	North L	uzern	e Aven	ue	
OF INJURY		oy) (Yeo	0 =	O WHILE AT N	OT WHILE WORK	22F. HOW DID I						
(APPROX.)	1 1	. 00	р.	m. WORK A1	WORK X	Subj. sh	ot self	in ches	t			
	tify that I h	eld on I	nquiry [Inspection .	utopsy	ond that on	this bosis,	deoth in my c	plnion			
resu	Ited from: N	oturol cou	ses 🗌	Accident Suic	ide X	lomicide 🔲	Undetermir	ned monner 🗌]			
			1 /			CHIEF MEDICAL	EXAMINER			DATE SIGI	NED	
SIGNAT	3 6 8 72	- My	h	JAN CON	.D. AS	SISTANT MEDICA	EXAMINER	X		DAIL SIGI	AED	
EXAMIN	VER'S	lerner	II S	pitz, M.D.		OCIATE MEDICA	EXAMINER		1	-2-68		
NAME (. , , ,	4B. DATE	0. 5	24C. NAME of CEMETER	V or CDEANA	TOPY 241	LOCATION	(City, town,			(0)	
REMOVAL (Spec	ify)	1-5-	68.	Baltimore N			501 Fre	derick	Ave.,	Balto	, Md	
25A. DATE REC'E				NAME OF REGISTRAR	25C	FUNERAL DIREC	TOR	907 AP	DRESSY	kling	St.	
				O To Owne	0	la de d	2:00			1224, 1		
		^	100	2 15 4-4 [64,44]	100	M PENTIN XX	1 TIPLE	0		.,		





VS 150-REV. 1/1/6B



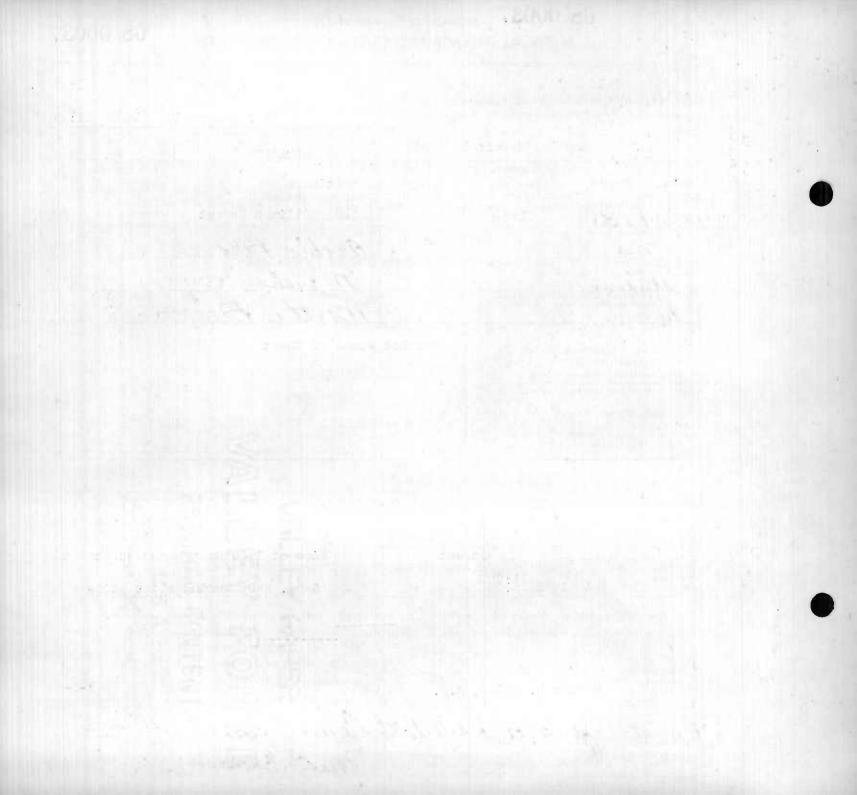
25C. FUNERAL DIRECTOR

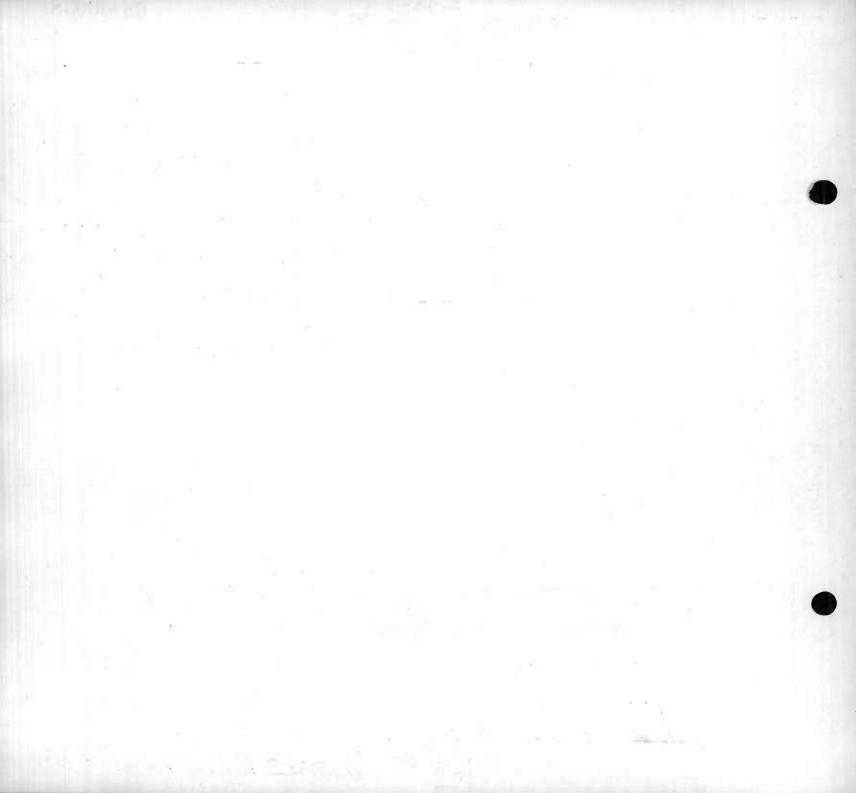
ADDRESS

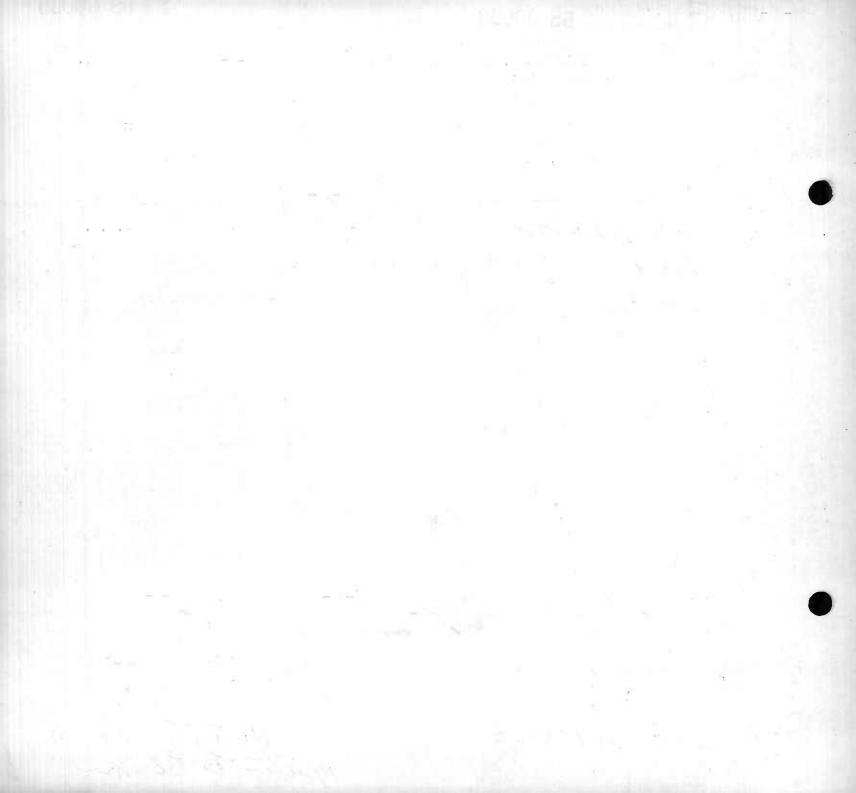
25 A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

258. NAME OF REGISTRAR







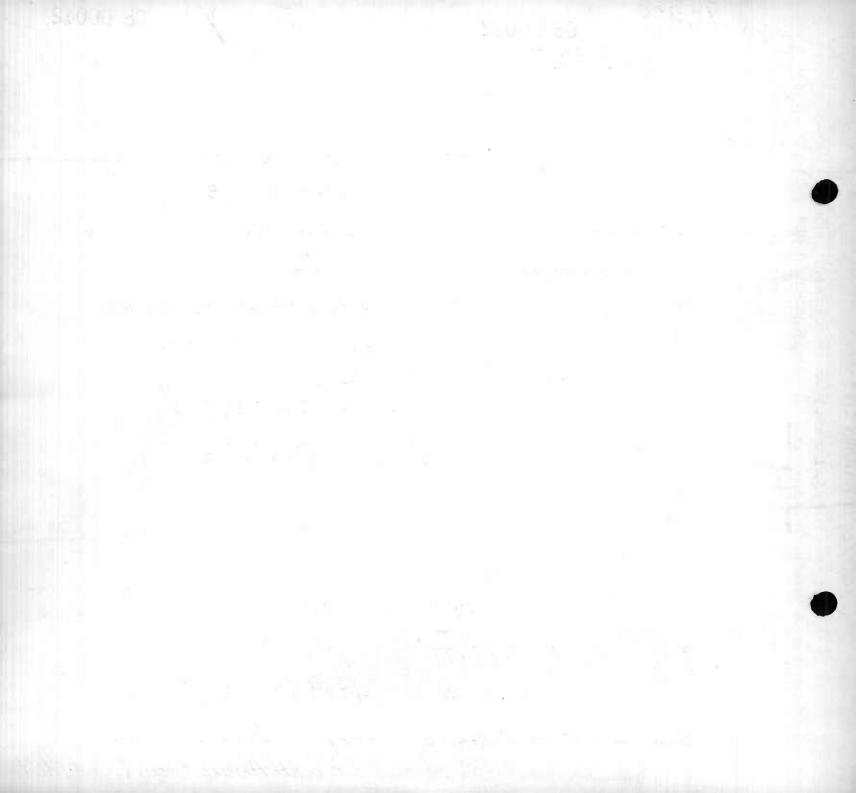
LENA LITTLE The feeling that The Barriet 1/6/02 MEthora Con MEZTEL IMPORTANT

DIRECTOR:

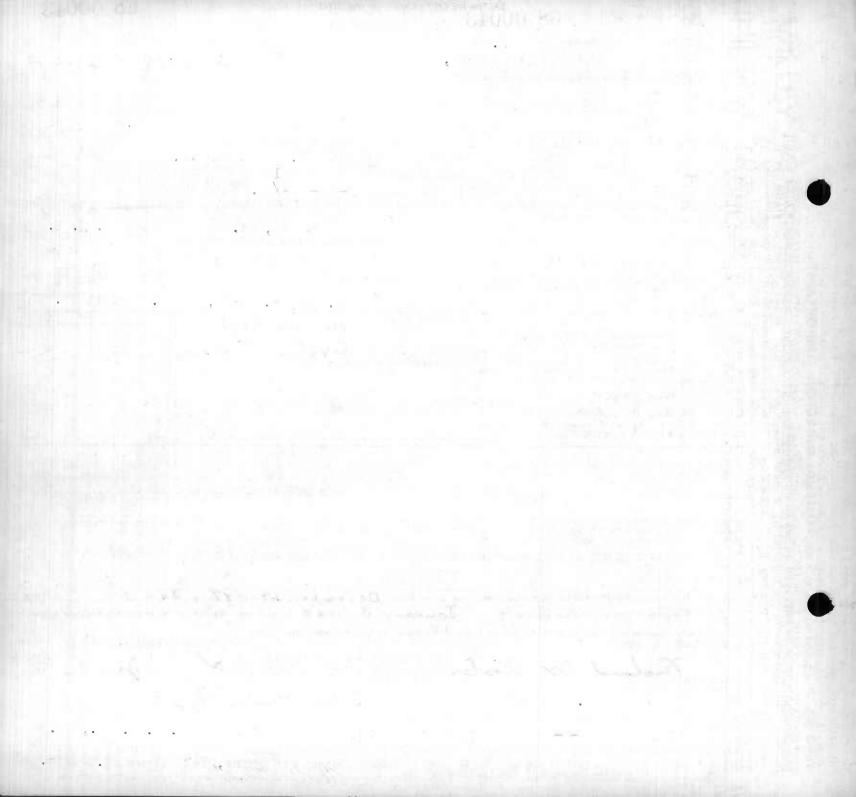
FUNERAL

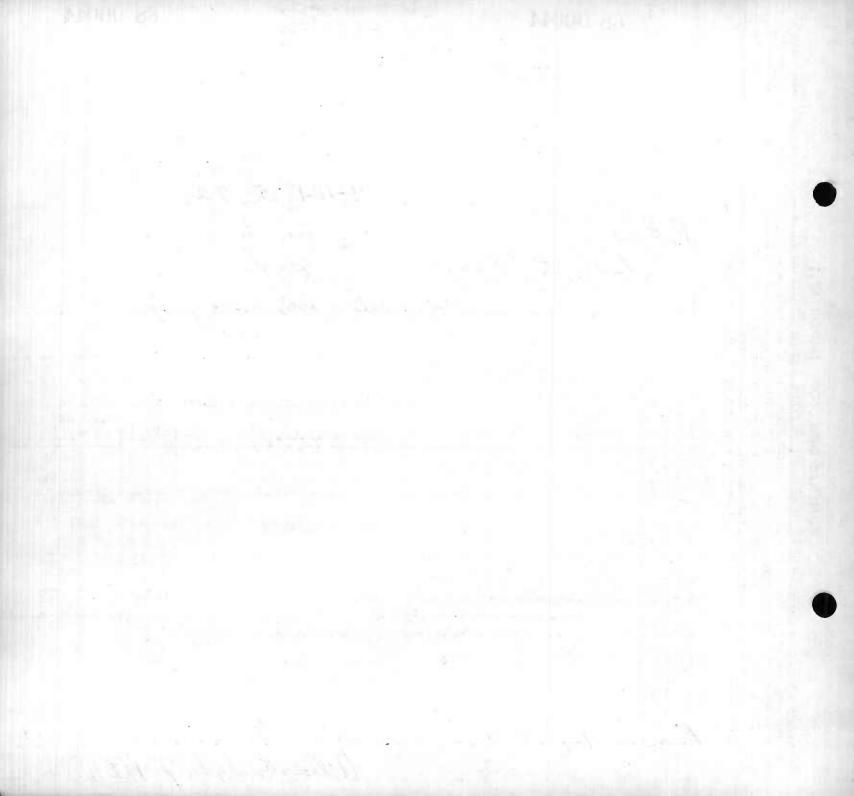
Committee of the commit ELINESTAP CHACAME. REVER LEGITER ETELL PERMITS FOR

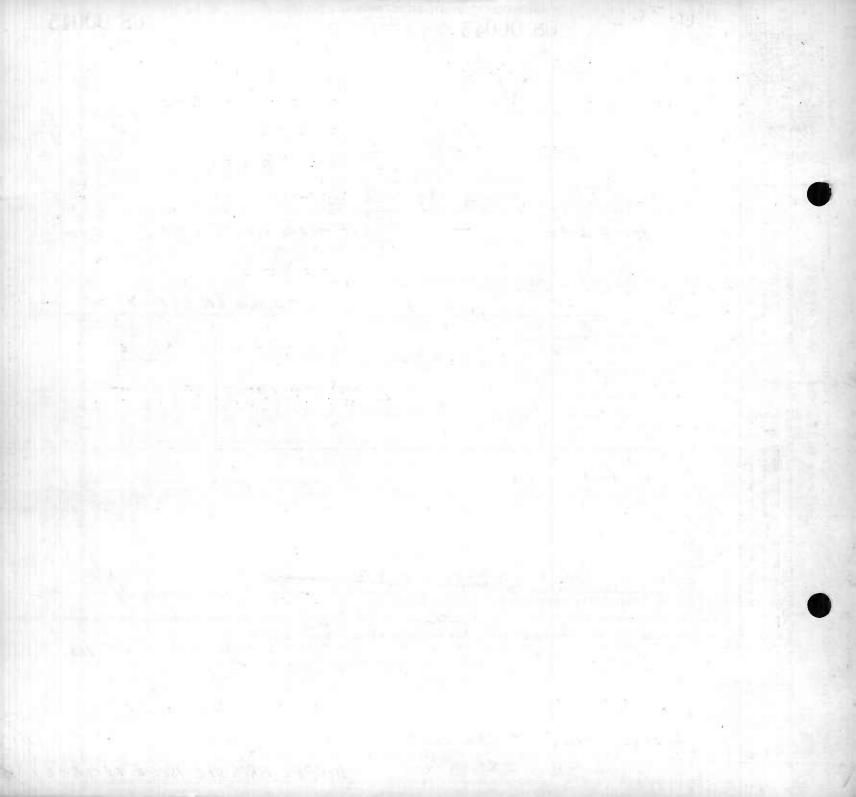
IIII	BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO.	042 CERTIFICA	ATE OF DEATH Registered	No. 68 00042
	ישנייטול	2, DATE AND HOUR OF DE	FATH
Type or Print) = LIZADETA		January 2nd 1	968 110:50 A
Fonte, Eileen B. PLACE OF DEATH IN BALTIMORE MARYLA	ND	4. USUAL RESIDENCE (Where deceosed live	
TEACT OF DEATH IN DATIMONS MAKES		A. STATE B. COUNTY	10 04
FULL NAME OF (If not in hospital or in	stitution, grve streel	Maryland	130811
HOSPITAL OR oddress or location) INSTITUTION			write RURAL and give township)
Saint Agnes Hosp	ital	Baltimore	3370
Caton & Wilkens		D. STREET ADDRESS (If rurol, give locotic	on)
Oa con a william	2129	1913 Oak Drive 21207	
	AARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
To the	WIDOWED, DIVORCED (specify) Sep	36-6-1914. lost birthday)	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 108.		Y 11. BIRTHPLACE (Slote or foreign country)	12, CITIZEN OF
one during most al working life, even if retired)			WHAT COUNTRY?
At Home		LAUREL, Md	434
B. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
500 2000		Chin	
. Was Deceased Ever in U. S. Armed Forces?	1 6, SOCIAL	17. INFORMAN	ADDRESS
es, no or unknown) (If yes, give wor or dotes of	SECURITY NO.	D/ / C//	0
	-	Shirleweldomento	-JAME
18. 410.91+25	0,9 CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	LY	0 6 1	ONSET AND DEATH
LEADING TO DEATH	(A)	Cormary Cocruce	ul l
(This does not mean the mode of dying	ng, e.g., DUE TO		*
heart failure, asthenia, etc. It means the injury or complication which caused dea		1. Paralle P 11	
ANTECEDENT CAUSES	(B) CSET	toringing mulfle	one
	DUE TO	0 1 0 01 5	
DISEASES OR CONDITIONS, if any, rise to the above couse (A) state	11	a cerefore vote	
UNDERLYING CONDITION last.	(0,		
42011	10	1/ 1/ 0 -	
OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING ACC	ere waser	
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE		
19A. DATE OF OPERATION 198. CONDITION	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, 1	WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORA	VED	IN CERTIFYIN	G CAUSES OF DEATH?
J 21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Bo	oltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, farm, factory, street,	office bldg., INJURY OCCUR?	
2			
21D. TIME (Month) (Doy) (Yeor) (H	Our 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not Wi		
22		1960 10	1-2 1968
22. I certify that (I) (this hospital) at	14 24	1-8	
that (I) (we) last saw the deceased a	ive an 17 90	19 父 🔎 and that in(my) (au	r) apinian death accurred an the de
and haur and from the causes stated	abave. (I) (We) (###) (did nat)	view the bady after death.	
23A SIGNATURE	NIL	./	23 B. DATE SIGNED
Drothos M	ELO LOCY M.D. A	Med. Stoff Phys.	1-3-12
23C. PHYSICIAN'S	1	23D. ADDRESS	00
MAAAE (Tugo)	G. Abbott M.D	11200-1 / 1/	X Que
		15-10-07 709	in ave
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME at CEMETERY of C	REMATORY 24D. LOCATION	(City, town, or county) (Stote)
1 1 - 10	1,000	Rall	no d
SA, DATE REC'D BY HEALTH DEPT. 25B	NAME OF REGISTRAR	25C. JUNERAL DIRECTOR	Re / // d
1001 4	O TO	F11 11 1	1 :1 1 / 1 / 1 / 1
JAN 4 1968 R.C. 6	E tarbay MA	Ellsworth Hamacos	To4600 LIBERTUHGhi
S 150-REV. 1/1/65		U U III	7



VS 150-REV. 1/1/6B







B-420 68 00046 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 68 00046

BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
(Type or Print) KARL H. BLOCK	OF DEATH Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD January 2 1967 5:40 p.m.
HOSPITAL ADDRESS OF LOCATION WENDED	January 2 1967 5:40 p.m. 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
CERTIFICATE AMENDED	A. STATE B. COUNTY
St. Agnes Hospital 7,8/67	Maryland 0770
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED ☐ DIVORCED ☐	Baltimore YES X NO C
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
last birthday) Months ; Doys ; Hours ; Min.	(fol p 1 17 : 11 - 1
70 i i	6524 Park Heights Ave
WHAT COUNTRY?	
Germany U.S.A.	Frederick Block
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR' done during most of warking life, even if retired)	Y 15. MOTHER'S MAIDEN NAME
Retired Meat Broker	Augusta Raddatz
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, na a runknawn) (If yes, give war or dates of service) Yes WW 11 SECURITY NO. 212-18-0862	My Author A Plack 2700 Clhbara Ass
199. CAUSE OF DEA	Mr Arthur A Block 3709 Gibbons Ave
E8/210	BETWEEN ONSET AND DEATH
	atic Injuries
LEADING TO DEATH	CAUSE
heort toilure, asthenia, etc. It meons the disease,	AS A CONSEQUENCE OF:
Injury ar complication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	A
E8/6.4 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	No
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (If in Baltimare City, give exact location)
22D TIME (Month) (Day) (Year) (Hour) 22E INITIPY OCCURRED	50 ft. S. of Gorman Rd. Intersection of
OF INJURY WHILE AT NOT	Kt. #
(APPROX.) 12 30 67 2:30p. WORK AT V	vork 🛛 Subject in auto-auto collision (Drive
	A
resulted fram: Natural causes Accident XX Suici	de L Hamicide L Undetermined manner L
7/1/	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.E.	ASSISTANT MEDICAL EXAMINER V
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D.	January 3, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
REMOVAL (Specify)	200
Burial 1/6/68 Oaklawn	Baltimore, Maryland
25A DATE REC'D BY HEALTH DEPT SBB. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
ortica 1000 Olakel C. Manuary	Leonard J Ruck Inc 5305 Harford Rd
VS 151-REV. 1/1/68	

1/10/68 - Letter from Office of The Chief Medical Examiner, 700 Fleet Street.

Signed by Edward F. Wilson, M.D., Assistant Medical Examiner.

VS 150-REV. 1/1/68

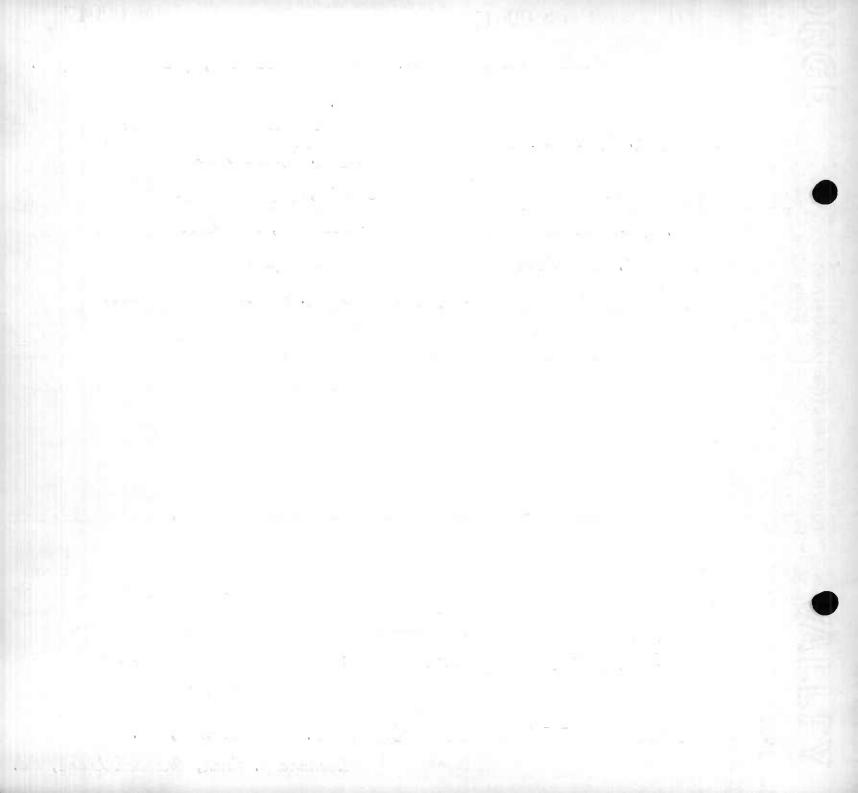
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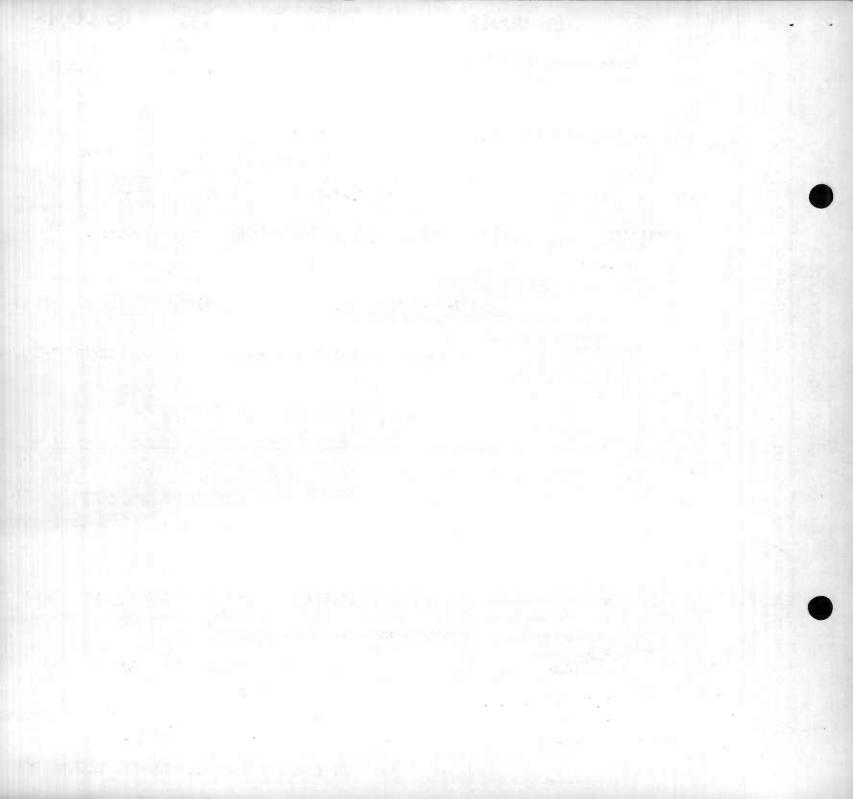
SALTIMORE CITY HEALTH DEPARTMENT

GR DODA'S

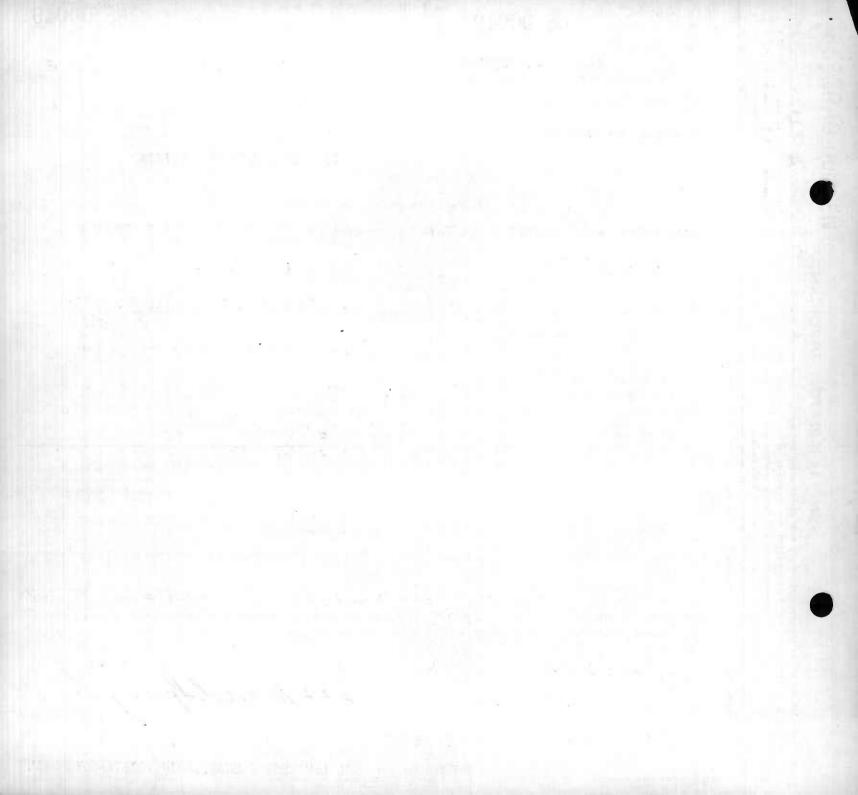
	William		DMas Robert	2, DATE AN	D HOUR OF DEATH	1 7 A.
3. PLACE IN BAI	LTIMORE, MARYLAND, W	HERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admissio
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR IN	STITUTION, GIVE STREET	Md. c. CITY OR TOWN Baltimore	D. INSI	DE CITY LIMITS?
) 615	E. 29th Str	reet		E. STREET AND NUMBER	Street	YES X NO
. SEX	6. RACE	7. MADD	IEDX NEVER MARRIED		9. AGE (In years	If Under 1 Yr., If Under 24 H
mala	white	WIDOV		Feb 26.1909	ast birthday) 58	Months Doys Hours Min.
Male DA, USUAL OCC	UPATION (Give kind of work		OF BUSINESS OR INDUSTRY			12, CITIZEN OF WHAT COUNT
one during most of	working life, even if retired)					USA
Ket.	lectrician			Baltimore, N	larylana	USA
	0 .			14. MOTHER'S MAIDEN NAM		
Thomas	W. Roberts	son		(arrie Gru	ibe	
	d Ever in U. S. Armed Far		1 6. SOCIAL SECURITY NO	17. INFORMANT	16 14	ADDRESS
yes	WW2		213050486	Mary E. Robe	ertson	same
18. 4//	0,91		CAUSE OF DEAT	0		APPROXIMATE INTERVAL
	SE OR CONDITION DI	RECTLY		0	1	BETWEEN ONSET AND DE
1000	LEADING TO DEATH		(A)IMMEDIATE CAL	Coronary a	cluser	2-3 hr
(This does	nol meon the mode of aslhenia, etc. II means	dying,	e.g., DILETO OR AS	A CONSEQUENCE OF		
	mplication which caused		ase,	egitated D.	2020010 82	marsel
	ANTECEDENT CAUSES		0	equalet a-	gous 500	mong ra
DISEASES	OR CONDITIONS, if	onv. giv	(B)	A CONSEQUENCE OF:		
	ie obove couse (A)					
		stating				
UNDERLYIN	G CONDITION last.	stating	(C)			
UNDERLYIN 420	G CONDITION last.	NTRIBUTII HE TERMIN	(c)			
UN DERLYIN 4 2 0 OTHER SIGNI TO THE DEA DISEASE OR 0	G CONDITION last, II FICANT CONDITION 5 CO. TH BUT NOT RELATED TO TO. CONDITION GIVEN IN PAR	NTRIBUTII HE TERMIN RT 1 (A).	(c)	20 A. AUTOPSY? (Yes or No.	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
UN DERLYIN 4 2 0 OTHER SIGNI TO THE DEA DISEASE OR 0 19A. DATE O 21A. ACCIDE OR CONTRIB DEATH (notif	G CONDITION Iasi. II FICANT CONDITIONS CO. TH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR F OPERATION 198. CON	NTRIBUTII HE TERMIN RT 1 (A). IDITION F FORMED	(C)	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
UNDERLYIN 4 2 0 OTHER SIGNI TO THE DEA DISEASE OR 0 194 DATE O 21 A. ACCIDE OR CONTRIB DEATH (notify) 21 D. TIME	G CONDITION Iasi. FICANT CONDITIONS CO. TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 1998. CON WAS PERI ENT WAS UNDERLYING UTING CAUSE OF	ONTRIBUTING HE TERMIN (A). HOTTON F FORMED	(C) NG NAL OR WHICH OPERATION 218. PLACE OF INJURY (e.g., i home, farm, foctory, steet, of	20A. AUTOPSY? (Yes or No.	(If in Boltimor	USES OF DEATH?
UNDERLYIN 4 2 0 OTHER SIGNI TO THE DEA DISEASE OR 0 19A. DATE O 21A. ACCIDE OR CONTRIB DEATH (notified) 21D. TIME OF INJURY	G CONDITION Iasi. FICANT CONDITIONS CO. TH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PERI ENT WAS UNDERLYING UTING CAUSE OF y medical examines)	ONTRIBUTION FORMED	(C)	20A. AUTOPSY? (Yes or No.) n or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJU	(If in Boltimor	USES OF DEATH?
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FULL NAME OF HOSPITAL OR NSTITUTION	ADDRESS OR LOC.	ATION)		C. CITY OR TOWN	D. II	NSIDE CITY LIMITS?
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Sinai Ho	ospital of Bal	timore, i	ne	E. STREET AND N		
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SEX	6. RACE	7. 44 4 5 5 5 5] a	B. DATE OF BIRTH		If Under 1 Yr., If Under 24 Hr
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AA. BURIAL CI REMOVAL	REMATION, 24B. DATE	24C. NAA	AE of CEMETERY of CR	EMATORY	24D. LOCATION	(City, town, or county) (Stote)
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I A AL 4		OT	n			
JAN 4	1968 R.O.	IT E. Stan	bey AL	SOL LEVI	NOON & RKOS. 60	10 REISTERSTOWN ROA
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	pe or Print)		AUTOWAY.		ND HOUR OF DEATH	1 / 1
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	LL NAME OF			MARYLAND	NTY	Balto
HO	SPITAL OR	ADDRESS OR LOC	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
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5 . S	EX	6. RACE	7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under Manths; Days Haurs
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MEDICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAD DISEASE OR C 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we) and haur and 23A. SIGNATA	CICANT CONDITIONS CO TH BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medical examiner (Manth) (Day) (Year) that (1) (this haspita last saw the decease d fram the causes sta	HE TERMINAL (T 1 [A]. (Hour) (Hou	21F. HOW DID IN 21F. H	IN CERTIFYING CA (If in Boltimore IJURY OCCUR? 19ta// that in (my) (aur) apl	re City, give exact location) The control of the c
MEDICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAD DISEASE OR CO 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we) and haur and	CICANT CONDITIONS CO TH BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medical examiner) (Manth) (Day) (Year) that (1) (this haspita last saw the decease d fram the causes sta JRE	HE TERMINAL (IT 1 (A). IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., interpretation) (Hour) 21E. INJURY OCCURRED While At North Not While At Work 1) attended the deceased fram and the deceased fram attended the d	21F. HOW DID IN	IN CERTIFYING CA (If in Boltimor IJURY OCCUR? 19ta// that in (my) (aur) apl	nian death accurred an
MEDICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAD TO THE DEAD DISEASE OR CO 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we) and haur and 23A. SIGNATU 23C. PH'SICIA NAME (1)	CICANT CONDITIONS CO TH BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medical examiner (Manth) (Day) (Year) that (1) (this haspita last saw the decease d fram the causes sta URE UNTS Type) DR. JA	HE TERMINAL (T 1 [A]. (DITION FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., interpretation) 218. PLACE OF	21F. HOW DID IN 21F. H	IN CERTIFYING CA (If in Boltimon IJURY OCCUR? 19ta// that in (my) (aur) api Staff Phys	re City, give exact location) 2 Inian death accurred an last location accurred are last location.
MEDICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAD IDSEASE OR C 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we) and haur an 23A. SIGNATU 23C. PHYSICIA NAME (1)	CICANT CONDITIONS CO TH BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medical examiner) (Manth) (Day) (Year) that (1) (this haspita last saw the decease d fram the causes sta URE UNTS YPPE) OR. JA MATION, 1248. DATE	HE TERMINAL (T1 [A]. (DITTON FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, farm, factory, street, a etc.) (Hour) 21E. INJURY OCCURRED While At Not While At Work (I) attended the deceased fram etc alive an ted abave. (I) (We) (did) (dId nat) while At Work CK WEXLER	21F. HOW DID IN 21F. H	IN CERTIFYING CA (If in Boltimon IJURY OCCUR? 19ta// that in (my) (aur) api Staff Phys	nian death accurred an
MEDICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAD TO THE DEAD DISEASE OR C 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we) and haur an 23A. SIGNATU 23C. PHYSICIA NAME (1)	CICANT CONDITIONS CO TH BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER NT WAS UNDERLYING JTHNG CAUSE OF medical examiner) (Manth) (Day) (Year) that (1) (this haspita last saw the decease d fram the causes sta JRE OR. JA MATION, 248. DATE Specify)	HE TERMINAL (TO T [A]). IDITION FOR WHICH OPERATION PORMED 21B. PLACE OF INJURY (e.g., independent of the content of the	21F. HOW DID IN 21F. HOW DID IN 21F. HOW DID IN 21F. HOW DID IN 22F. H	IN CERTIFYING CA (If in Boltimor IJURY OCCUR? 19 ta // that in(my) (aur) apl Staff Phys	nian death accurred and 1238. DATE SIGNED 12568
WEDICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAD IDSEASE OR C 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we) and haur an 23A. SIGNATU 23C. PHYSICIA NAME (1)	CICANT CONDITIONS CO TH BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medical examiner) (Manth) (Day) (Year) that (1) (this haspita last saw the decease d fram the causes sta IRE OR. JA MATION, 248. DATE Specify) 1-4-68	HE TERMINAL (T 1 [A]. (DITION FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., interpretation) 218. PLACE OF	21F. HOW DID IN 21F. HOW DID IN 21F. HOW DID IN 21F. HOW DID IN 22F. H	IN CERTIFYING CA (If in Boltimor) IJURY OCCUR? 19ta// that in(my) (aur) apl Staff Phys LOCATION (C) ISTERSTOWN	nian death accurred and 1238. DATE SIGNED 12568



9-435 00 000	F.O.	HEALTH DEPARTMENT		68 00050
BIRTH NO. 68 000	OU CERTIFICA	TE OF DEATH	Registered No.	00 00000
N.E. CASE NO.		2. DATE AND	D HOUR OF DEATH	
Type or Print) ANNA WORK GI	LDEN	Janu	ery 2,1968	14:30 P
PLACE OF DEATH IN BALTIMORE, MARYLAND			deceased lived. If institu	tion: residence before admission
		MARYLAL		
FULL NAME OF (If not in hospital or institution oddress or location)	on, give street	C. CITY OR TOWN (If outs		AL ond give township)
ILALION MEMORIAL	112001211	BALTIMO		18.011
UNION MEMORIAL	HD24/LHF		urol, give location)	2071
		4215 Pen		
	ED, NEVER MARRIED	B. DATE OF BIRTH 9	AGE (In years	Under 1 Yr. If Under 24 Hrs onths Doys Hours Min.
FEMALE WHITE WIDOW	WED, DIVORCED (specify)	06-14-86	ost birthdoy) 81 M	onths Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 10B, KIND			gn country)	2. CITIZEN OF
one during most of working life, even if retired)	- 11A1=	MISSOUR	i ST. LOUIS	WHAT COUNTRY? U.S. A
HOUSEWIFE AT	T HOME	14. MOTHER'S MAIDEN NAM		MAERICAN
	9		A.E.	
NATHAN GROSSET		MXX MIRIAM		
5. Was Deceased Ever in U. S. Armed Forces? 'es,no or unknown) (If yes, give wor or dotes of servic	e) SECURITY NO.	17. INFORMANT		ADDRESS #21232
NO	218-14-0183	MRS. MARIE WHERE	LEY. 4513 MAN	ORDENE RD. APT.
18. 0 3-0 9 15-15 3	CAUSE O		, , , , , , , , , , , , , , , , , , , ,	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0			ONSET AND DEATH
LEADING TO DEATH	w Do	- Caron Mesos	101	
(This does not mean the mode of dying, e	.g., DUE TO			
heart failure, asthenia, etc. It means the disea injury or complication which caused death.)	se,	abetes Well	201.0	
ANTECEDENT CAUSES	(B) CAP	canoma of	cohon	
DISEASES OR CONDITIONS, if any, give	DUE 10			
rise to the obove couse (A) stoting	_			•
UNDERLYING CONDITION lost.				
260 X II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES WERE FINE	DINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FO	ok Willell O'EKAHON	2074 4010731: (163 01 110)	IN CERTIFYING CAUSE	S OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimore C	ty, give exoct location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	th in Politinois of	ty, give exect toconom
j				
21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At Work Not While At Work	e 🗌		
22. I certify that (I) (this haspital) attende	d the deceased from De	ecomber 261	067 10 1000	12 ry Z 1068
that (1) (we) lost sow the deceased alive o	· ·		or in (my) (our) opinia	n deorn occurred on the do
ond hour and from the causes stated abave	. (I) (We) (did) (did not) \	riew the body ofter deoth.		
23A. SIGNATURE			23	B DATE SIGNED
Yesting at 2	Phy	ending Med. Director	Phys	Jan 2, 1968
DR. MIGUEL SANCHE	Z-PALACIOS M.D.	THE UMION ME	MURTHERHOS	PITALPITAL
4A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City,	town, or county) (State)
REMOVAL (Specify)				
BURIAL 1-4-68				
	LUBOWITZ	ROS	SEDALE, MARYL	AND
SA. DATE REC'D BY HEALTH DEPT. 25B. NAM	LUBOUITZ ME OF REGISTRAR	25C. FUNERAL DIRECTOR	SEDALE, MARYL	AND ADDRESS
	LUBONITZ NE OF REGISTRAR	ROS 25C. FUNERAL DIRECTOR SOL LEVINSON &	BROS., 6010	AND ADDRESS REISTERSTOWN RD

MANUA 12A GILDEN

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MISSOURI SHERONN

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Johnson S 68 St Co January 2, 65

2011,5 mg/ X/ SANCHEL PREMINE VALLER ALERT CALIFER - HELVE THE

-	BALTIMO	RE CITY HEALTH DEPARTMENT 68 00051
DID	RE-2/6 68 00051 CERTII	FICATE OF DEATH REG. NO. OF OUR DE
1. N	NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Ту[CHARLES L. RASCOVAR	JANUARY 2, 1968 10 A.M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
FU	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREAM ADDRESS OR LOCATION)	MARY LAND
		D. INSIDE CITY LIMITS?
3	737 CLARKS LANE, APT. 206	BALTIMORE YES NO
/		3737 CLARKS LANE, APT. 206
	SEX 6. RACE 7. MARRIED NEVER MARRI	
	MALE WHITE WIDOWED DIVORCE A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN	
	ne during most of working life, even if retired)	
2	EXECUTIVE CLEANING	READING, PA. U.S.A.
٥.	FATHER'S NAME	
5. 1	LOUIS RASCOVAR Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	CARRIE THALHEIMER 17. INFORMANT ADDRESS
Yes	s, no or unknown) (If yes, give wor or dates of service) SECURITY NO	
_	NO	MR. ROY L. RASCOVAR, 6301 E. FORDHAM DR. #15
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	TATE CALLSE COLOR DOLL (COLOR
	(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease,	OR AS A CONSEQUENCE OF:
	injury or complication which coused death.)	>- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	ANTECEDENT CAUSES (B)	<u> </u>
	DISEASES OR CONDITIONS, if ony, giving DUE TO	OR AS A CONSEQUENCE OF:
	UNDERLYING CONDITION lost. (C)	
NO	420.1 II	
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
CERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (a). 19A-DATE OF OPERATION WAS PERFORMED WAS PERFORMED	N 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FK	9	
AL C	OR CONTRIBUTING CAUSE OF home, form, foctory,	RY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exect location) street, office bldg., INJURY OCCUR?
U	The state of the s	
MEDI	OF INITION	RED 21 F. HOW DID INJURY OCCUR?
	Work -	AT WORK
	22.1 certify that (I) (this hospital) attended the deceased fro	
	^	1-2 1965 and that in(my) (our) opinion death occurred on the date
	ond hour and from the couses stated above. (I) (We) (did) (did	
	25A. SIGNATURE	Attending Med. Shoff
	33CHYSICAN'S	Attending Attending Med. Stoff Phys. /-2-6 }
	23C HYSICIAN'S NAME (Type)	
244	DR. JEROME COLLER A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETER	GEGREE 2217 SOUTH ROAD Y of CREMATORY 24D. LOCATION (City, town, or county) (State)
	REMOVAL (Specify)	
25 A	BURIAL 1-4-68 BALTIMORE HI	EBREW BALTIMORE, MARYLAND 25C, FUNERAL DIRECTOR ADDRESS
	JAN 4 1968 Robert & Farley M.	SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAL
/s	150-REV. 1/1/68	OUT PRESIDENCE A SUITOR PORTE

Jeans Bellenns.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

Comment of the second TELLMINS MOUSELY SECURED MANUAL RANDO EN LA PRESENTA DE LA CARROLE LA PROPERCIONA DE LA PROPERCIONA DEL PROPERCIONA DE LA PROPERCIONA DE LA PROPERCIONA DEL PROPERCIONA DEL PROPERCIONA DEL PROPERCIONA DE LA PROPERCIONA DEL PROPE XXXX - X

1 11/1			TY HEALTH DEPARTMENT	V	00 000
6-400	68 (00053 CERTIFIC	ATE OF DEATH	REG. NO	68 00053
BIRTH NO.				ID HOUR OF DEATH	
(Type or Print)		=			0.00
	RALINE G	ULLEY	14. USUAL RESIDENCE (When		n stitution: residence before odmission)
S. FEACE III BALIII	WICKE, WIARIEAND, WHER	E PRONOUNCED DEAD	A. STATE B. COUN	TY	
FULL NAME OF	OF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET		nne Arunde.	1 (32 60
HOSPITAL OR	ADDRESS OR LOCATIO	(N)	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
2			Baltimore		YES NO X
5		7	E. STREET AND NUMBER	1 0 1 (0)	-1.7>
20. Bal.	timore Genera	T Hosbital	4928 Brookwoo	a Kosa (Br	ookiyn)
5. SEX 6		MARRIED NEVER MARRIED		9. AGE (In years tost birthdoy)	Months Doys Hours Min.
Female		DIVORCED L	June 29,1932	35	
IOA, USUAL OCCUP	ATION (Give kind of work 108 orking life, even if relired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
	wx housewife	MAKANAMA	Sullivan Co.	. Tenn.	U.S.A.
3. FATHER'S NAM			14. MOTHER'S MAIDEN NAM		
Ha:	rvey Brooks	11 4 000000	Lochiel M	urray	ADDRESS
Yes, no or unknown)	If yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	1111111111	unknown	Thurman Gulle	y (Husband) same as #4
1B. / 6. d	9.71	CAUSE OF DEA	ATH		APPROXIMATE INTERVAL
DISEASE	OR CONDITION DIRECT	TLY		1	BETWEEN ONSET AND DEATH
L	EADING TO DEATH	(ANIMMEDIATE C	AUSE Epidermoid C	anciona	
	I meon the mode of dyi sthenio, etc. It meons the	ma, c.a., DHF IO OR A	S A CON SEQUENCE OF:		
	lication which coused dec				
At	NTECEDENT CAUSES	Pul	moray origin w	III hetatas	001
DISEASES OF	CONDITIONS, if ony	(B) DUF TO OR	AS A CONSEQUENCE OF	us mujugi au	
	obove cause (A) sto	oting the			
UNDERLYING	CONDITION last.	(C)	***************************************		
_ 162.1	11				
	ANT CONDITIONS CONTR				
A DISEASE OR CO	NDITION GIVEN IN PART 1	(A).	******************		
19A. DATE OF C	OPERATION 198 CONDITI	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	10 208, IF YES, WERE	FINDINGS CONSIDERED
ER O					
U 21 A. A CCIDENT	WAS UNDERLYING THE	home, form, foctory, street.	office bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
	nedical examiner)	etc.)			
	Month) (Doy) (Year) (H	four 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY		White At Not W	hite		
(AFFROA)		Work L At Wo			100
22. I certify th	hot (I) (this hospital) at	ttended the deceased from	January VF 1	1966 to	1968 x
that (I) (wa) I	ast saw the deceased a	live on	19.68 ond the	ot in (my) (aur) opi	inion death occurred on the dat
and hour and	from the couses stoted	obove. (1) (Wa) (dtd) (did nat)	view the hody after death.		
23A. SIGNATURE		1	, tres the bod, oner death.		23B DATE SIGNED
n.	1111	Ch. X		Staff	10. 1910
/ Wh	+ymmege	DEGREE P		Phys. 🗀	you 8, 1768
NAME (Typ	(e)		23D. ADDRESS		/ **
Morton	n M. Krieger, l	M.D. DEGR	615 Hammonds La	ane Baltin	more, Md. 21225
24A. BURIAL CREM	ATION, 24B. DATE	24C. NAME of CEMETERY OF		OCATION (C	ity, town, or county) (Stote)
Burial	Jan.5,196	8 East Lawn Men	n. Park	Sullivan	County, Tennessee
25A. DATE REC'D B		B. NAME OF REGISTRAR	250 EUNIKAL DIRECTO	Julius Vall	ADDRESS
JAN 4		O T A	Total Tit	Single	ton Funeral Home
VOIT &	1968 Robert	E, Jaken Ma	1 xyrigilio	Clen B	urnie Maryland

Glen Burnie Maryland

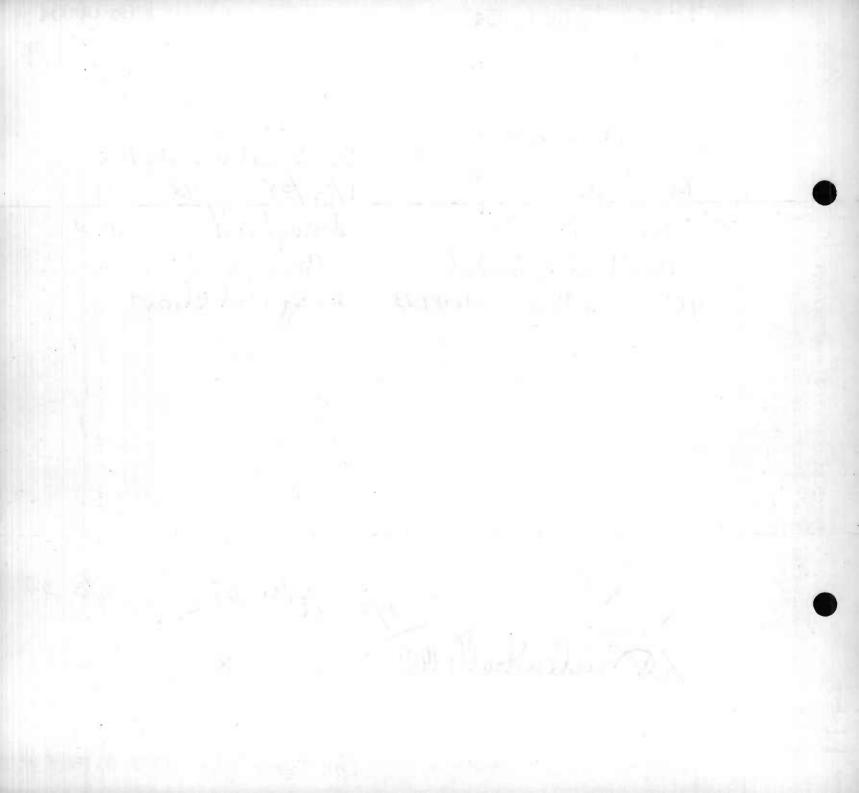
and the state of t

deceased shows: Was the

VS 150-REV. 1/1/6B

If Under 24 Hrs. If Under 1 Yr. Months! Doys Hours 12. CITIZEN OF WHAT COUNTRY? 5 ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (abs) aplnian death accurred on the date 23B. DATE SIGNED (Stote) (City, town, or county) KODKESS

NO



Such

attendance on the

a hospital and

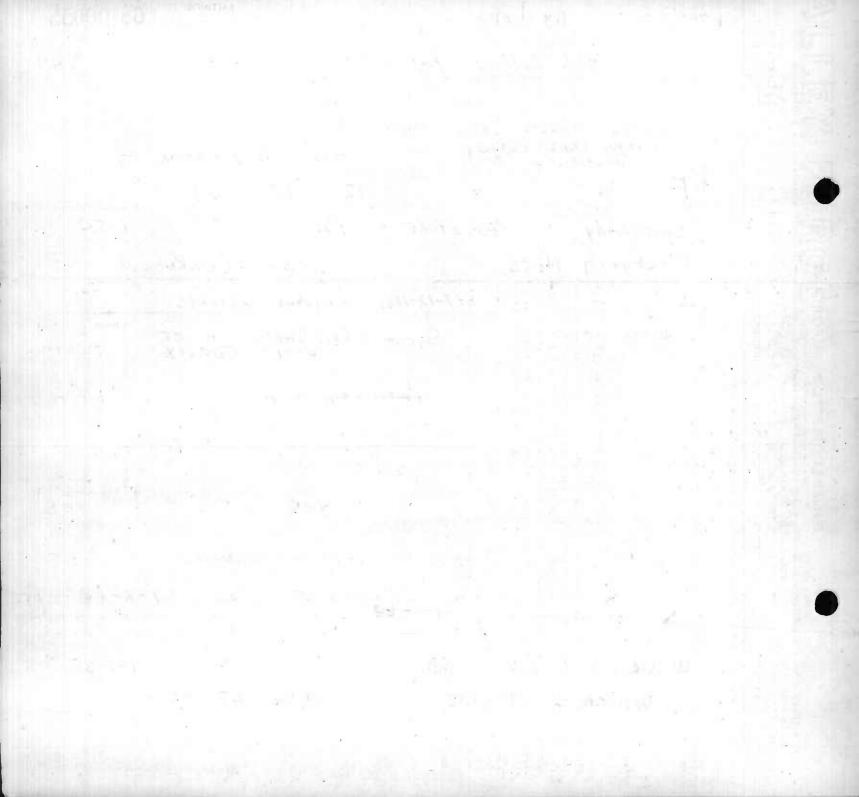
1/ =17 00 00	BALTIMORE CITY	HEALTH DEPARTMENT	1	00 000=
H-565 68 00	055 CERTIFICA	TE OF DEATH	REG. NO	68 00055
BIRTH NO.	CERTITION			
Type or Print) ANN LI	LIAN HANRA	HY 2. DATE AN	1-1-68	159AM N
3. PLACE IN BALTIMORE, MARYLAND, WHERE	RONOUNCED DEAD	4. SUAL RESIDENCE (Whe		stitution; residence befare admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Md.	mon	ATT - CIP HATES
US Public HEALTY	SERVICE HOSP.	Rockville	D. 11451	VES NO
	IVE,	E. STREET AND NUMBER	- /	01 / 1300
BALTIMORE,	Md.		RRINGTON	/ Nd. 00
	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday	If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.
OA. USUAL OCCUPATION (Give kind of work 10B. KI		11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
called LAdy	SAles STORE	PA.		USA
3. FATHER'S NAME	3.7/(3.0	14. MOTHER'S MAIDEN NA	ME	
WOLFGANG HESS		ANNA	(UNKNO	(VAU)
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	() / / / / /	ADDRESS
(If yes, give war ar dotes of se	577-12-1861	Hospital	RECORds	
18. 1807	CAUSE OF DEATI	1		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Squamo	UC COLL CARCIO	voma of	DELWEEN ONSEL AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU		CERVIX	MONTHS
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which caused death.		,		
ANTECEDENT CAUSES	(B) PAN	CYTOPENIA		Months
DISEASES OR CONDITIONS, if any,	3	A CONSEQUENCE OF:		
rise to the above couse (A) stating UNDERLYING CONDITION lost.	(C)			
1217	(0/			***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A DATE OF OPERATION 198, CONDITION WAS PERFORME		20 A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
	1010 0110 0110	75		YES
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in hame, farm, factory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in Baltimore	e City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour	21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Work Not While At Work			
22 1		11 - 7 - 67	19 67 to	1-1-68 19 68
22. I certify that (this hospital) atter	1.1-1-0			
that (we) lost sow the deceased aliv			of in (pp) (our) opin	nion deoth occurred on the dot
ond hour ond from the couses stoted obo	ove. (4) (We) (did) (did not) v	iew the body after deoth.		
23A. SIGNATURE	A.A.	nding Med.	Shalf S	23B. DATE SIGNED
William d Willerie	DEGREE Phys	. Director	Staff Phys.	1-1-68
23C. PHYSICIAN'S NAME (Type)	HILLE	SAME	AC #	3
4A. BURIAL CREMATION, 248. DATE	DEGREE DEGREE		OCATION (Cit	y, town, or county) (State)
REMOVAL (Specify)				
Burial 1-4-68	Cedar Hill Cem		uitland, M	
SA. DATE REC'D BY HEALTH DEPT. 255 N	AME OF REGISTRAR	2SC. FUNERAL DIRECTOR		address

Lee Funeral

Home

Washington,

D.C.



1	n. 240 co oog	BALTIMORE CITY	HEALTH DEPARTMENT		68 00056
P	68 000	56 CERTIFICA	TE OF DEATH	REG. NO.	00 00000
E	IRTH NO.	CERTIFICA	IL OI DEATH		
	NAME OF DECEASED	- "	2. DATE AND	HOUR OF DEATH	
(Type or Print) LOUIS. J. Me	F114	endis 11.2	.60	14.50 000
1	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	MOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institu	ution: residence before admission)
П.	TEACH IN BALLIMONG MAKIEMED, WITEKE IK	MOUNCED DEAD	A. STATE B. COUNTY	Υ	- 45
	FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Mol		011-1
11	HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE	CITY LIAMS?
16	y and the training of the trai		Beltimon		ES NO
11	/		E. STREET AND NUMBER		140
7	LUTHERAW HOSPITAL			1	Menne
	TO INTENIOR ALONG INTE		2333 Ed	luouson	Breune
5	SEX 6. RACE 7. MARR	IED X NEVER MARRIED		AGE (In years III	f Under 1 Yr. If Under 24 Hrs. Norths Doys Hours Min.
	VI WIDOV		9.2.98 "	L C	onins Doys Hours Will.
-	OA, USUAL OCCUPATION (Give kind of work 10B, KINI		11. BIRTHPLACE (State or foreign	0 /	2. CITIZEN OF WHAT COUNTRY?
	one during most of working life, even if retired)	OF BOSINESS OR INDUSTRI	11. Statistical of loreign	Coomey	2. CHIZEN OF WHAT COUNTRY
1	Cas Empres		South Wil	tive	U. S. A.
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAMI	F	
т	Pahl MC	1-11			
	Loseph 19	6111	tacky	MCG:11	
	5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
((es, no or unknown) (If yes, give wor or dotes of servi		11.61	MC. C. 11	2000 [1
	NO.	212-65-3389	Mrs. DATAN	11-6111	2333 Edmondson
	18. 4.33,91	CAUSE OF DEATH	1		APPROXIMATE INTERVAL
4	DISEASE OR CONDITION DIRECTLY			. / /	BETWEEN ONSET AND DEATH
	LEADING TO DEATH		SE Coubrol C	ulesot	
	(This daes not mean the made of dying,	e.g., (A) IMMEDIATE CAU	A CONSEQUENCE OF:	1000	
н	heart failure, asthenia, etc. It means the dise		CONTROLINGE OF		
1	injury ar camplication which caused death.)		*		
	ANTECEDENT CAUSES	in the	in cleson)	
4	DISEASES OR CONDITIONS, if any, gi	vina DUE TO, OR AS	A CONSEQUENCE OF:		
Ш	rise to the above cause (A) stoting		1 / belotin		
	UNDERLYING CONDITION last.	(c) /4 F us	provide con		
Н	22 2 A II				
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL			***************************************
Ш	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES WERE FINI	DINGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED		VIEC	20B. IF YES, WERE FINI IN CERTIFYING CAUSE	S OF DEATH?
Ŧ		In	/23		
	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg, INJURY OCCUR?	(It in Boltimore C	ity, give exoct location)
	DEATH (notify medical examiner)	etc.)			
	21D.TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	DY OCCUP?	
	OF INJURY			KI OCCOK:	
Н	(APPROX.)	While At Not While Nork At Work			
	22. I certify that (1) (this haspital) attend	al shardananad for	1.1.68	. 102	2 6 8 10
П		1060		to / * <	19
	that (1) (we) last sow the deceased alive	an /	19and that	in(my) (aur) apinio	n death occurred on the date
	ond haur and fram the causes stated abov	e. (1) (We) (did) (did nat) v	iew the bady after death.		
	23A. SIGNATURE	7 1 17.	AND THE RESERVE OF THE PARTY OF	23	B. DATE SIGNED
ш	Y /	. 101/10 Atto	nding Med. S		1.2.68
ш	Jamsuy 100	DEGREE Phys	. Director PI	taff hys.	1.7.00
4	23C.PHYSICIAN'S		23D. ADDRESS		
п	NAME (Type)	25-1	LUTHERAN	HOPPIO	+111
-	EMMIAUL PAN	FEL GEGREE		114010	17 6
1 2	4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24	C. NAME of CEMETERY OF CRE		CATION (City,	town, or county) (Stote)
	11 - 1 1 1 - 10	Habirtus Me	n took K	officer	Maruland
1	DURIAL 1-6-60	110000	1-111	altimore,	MARGE
1	SA. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	11611	ADDRESS
1	IN A MORENO C	VICTOROFT A	MORTONE L	yett +.H.	1101 LAURENS
7	\$ 150-REV. 1/1/68			7	

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P	42 2			CO	OOOF BALTIMORE CITY	HEALTH DI	EPARTMENT		68	00057
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	and eatl ase th th	2 4	TH NO.	DI	TOWARD O COMMON	10 00	2. DATE AN	D HOUR OF DEATH	1968	
	- 70 0 5	{Ту	POHLHAUS BERNA	RDC	ERNARD C. POHLHAU CHARLES	S SR.	JANUA	RY 2. 196	_	:00 A M.
	se of (5) Dec	3.	HAGE IN SALTIMORE MARYLA	NO W	TERE PRONOUNCED DEAD	A. STATE		e deceased lived. If i		ence before admission)
se se de de de		FU	STNAAGNES "HOSPINI	HOSPHA	L OR INSTITUTION, GIVEST 68	MARYLAND 28-04				
	a h	IN	WHILEKE NS ANDRECA	TON	"AVENUE	C. CITY OR		D. INS	IDE CITY LIMIT	
	in and and and and and and and and and an		BALTIMORE MARY	LAND	21229	BALTIMORE YES NO				
	ting d cau d cau	0						D DOAD		
	bu ne	s.	SEX 6. RACE	7	MARRIED X NEVER MARRIED	B. DATE OF	BIRTH	9. AGE (In years	If Under 1	Yr., If Under 24 Hrs.
	tri mim		MALE WHITE		WIDOWED DIVORCED	05/25		lost birthdoy)	Months Do	ys Hours Min.
	con con re-	10/		of work 1	OB. KIND OF BUSINESS OR INDUSTRY		ACE (State or forei		12. CITIZEN	OF WHAT COUNTRY?
	or con Indet	001	CPA	will ed /	INSURANCE	MARYL	AND		USA	
	if derrect was was the sposi		FATHER'S NAME	201			R'S MAIDEN NA	AE		
-			BERNARD V.	POH	LHAUS	LAFFE	RTY	SADIE LA	FFERTY	
IMPORTAN	stant ind; eath e on al di	1 S. (Ye	Was Deceased Ever in U. S. Ams, no or unknown) (If yes, give wor	ned Force	of service) 1 6. SOCIAL SECURITY NO.	17. INFORM	ANT		AD	DRESS
E	the the kir kir de nce		NO NO	NF.	216-01-0917	ST AG	NES HOS	PITAL WIL	KENS s	CATON AVE
Ö	if if ed dar		18. 3 94.01	10	CAUSE OF DEAT		11140 1100	THE HIL	Al	PPROXIMATE INTERVAL
A P	f o d		DISEASE OR CONDITIO		ECTLY Runtin	al con	olo I	1	l	CEN ONSET AND DEATH
≤	Als e o att		LEADING TO D		dying, e.g., (A) IMMEDIATE CAL		wa rem	mace .	A	
ä	oro ar bal		heart failure, osthenia, etc. It injury or complication which	means i	he diseose,	mitra	Pualo	e leafl	it	
Ō	fra fra gul		ANTECEDENT C.		DP.	a tic	ualist.	2/2/201	ane.	
5	A A A		DISEASES OR CONDITIONS	s, if a	ny, giving (B) DUE TO, OR AS	A CONSEQU	ENCE OF:	y ough	40	
DIRECTOR:	(3) (3)		rise to the obove couse UNDERLYING CONDITION to		slating the (c) D	al va	we to	.000	1	
0	edical dical urns; (sicial was main		4/0X II	-	(Journ	ve tx	Treffeste Or	1 120	eg M	cys, o col
7		Z O	OTHER SIGNIFICANT CONDITION				Y	V		,
R	mee y bu phy ian e re	A	DISEASE OR CONDITION GIVEN	IN PART	I (A).	700.4				
UNERAL	a god	ERTIFIC	19A. DATE OF OPERATION 199	AS PERFO	TION FOR WHICH OPERATION	20 A. AUT	OPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CO USES OF DEA	NSIDERED TH?
D	by by 2) E re t phy fore	CER	21 A. A CCIDENT WAS UNDERLY	YING	218. PLACE OF INJURY (e.g., i	n or obout 210	C. WHERE DID	(If in Boltimo	re City, give ex	oct location)
_	=======================================	CAL	DEATH (notify medical examined	O F	home, form, foctory, street, or etc.)	fice bldg., INJ	JURY OCCUR?			
	0 0 1 3 T	ā		(Yeor)	(Hour) 21E. INJURY OCCURRED		. HOW DID INJ	URY OCCUR?		
		ME	OF INJURY (APPROX.)		While At Not While Work At Work	e 🗍				
	he he xce		22. I certify that N) (this ha	spital)	attended the deceased from DE		23.	967 to JAN	JARY 2	1968,
	app f ar f ar ((e)				alive an JANUARY 2,		^			ccurred an the date
	0057	H			d abave. ()((We) (did))(a)(d)(a)(h)(h)					
	eased to ident of nospital death)		23A. SIGNATURE	1 0					23B. DATE S	GNED
	3 0.0 5 5		J. Kori	ul	Atte Phys	nding 🔲	Med. Director	Staff Phys.		
	s re		23C. PHYSICIAN'S NAME (Type)	mb		23D. ADDRES				
	certificate body was r vs: (1) An a D.O.A. at a ased prior ten approv		J.K	UK	S CA A / GEGREE	ST AGN	ES HOSP	ITAL WILK	ENS & C	CATON AVE.
	S O O O	24/	REMOVAL (Specify) 248. DA	ATE	24C. NAME of CEMETERY OF CRI	MATORY	24D. LO	CATION (C	ity, town, or co	unty) (Stote)
	bood WS: D. D.		Rurial Iar	5,	1968 New Cathedr	al cem	it. Bal	timore.Mo	ruban	
	This certificate m the body was rel shows: (1) An acc was D.O.A. at a b deceased prior to	25/	DATE REC'D BY HEALTH DEN	8	SB NAME OF REGISTRAN		VERAL DIRECTOR	Euni el	Lalo	ADDRESS
	F + 0 5 0 3		150-REV. 1/1/6B	- 4		DEL	yug lu	NEBALOTES	14 73	66 Edm. Au
		4.7	TWO THE TH OF TOWN					/		

Letter from St. Agnes Hospital 1-18-68 M.H.

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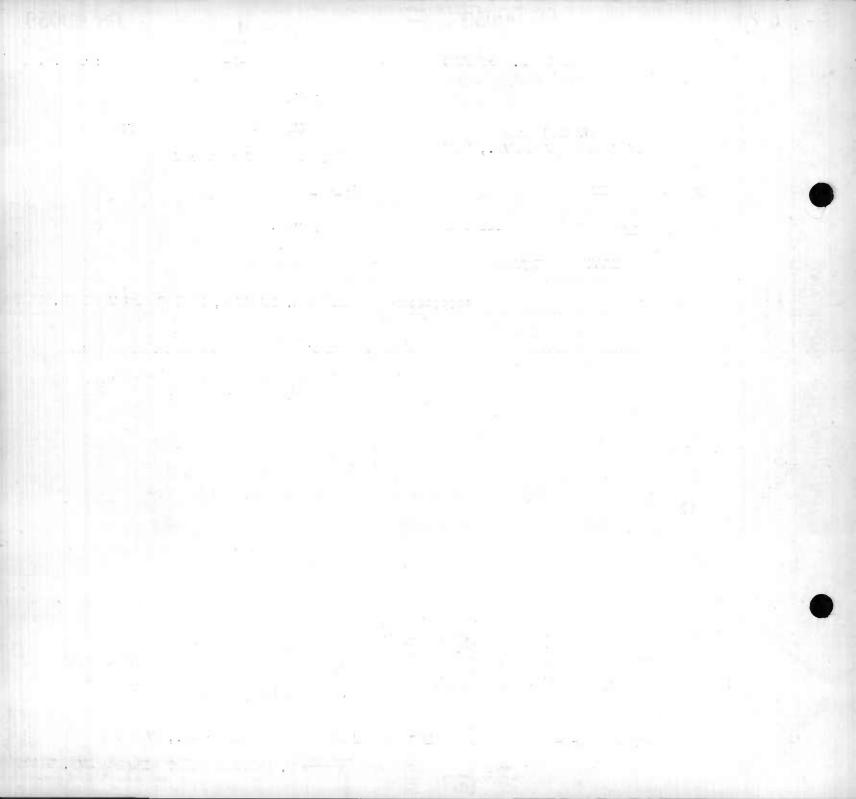
IRTH NO. NAME OF DE		שת ש	EFFER	2. D	ATE AND HOUR OF	
	MARY			II. MONAL BESIDENIA	1-3-68	6:05 p.m.
FULL NAME O	F (IF NOT IN HOSPIT		UTION, GIVE STREET	MARYLA	. COUNTY	ved. If institution: residence before admission) $15-66$
NSTITUTION	HOOD NURSING			C. CITY OR TOWN BALT IN	ORE	D. INSIDE CITY (IMITS? YES XX NO
0	5313 EDMONDSO		21229	E. STREET AND NU		
. SEX FEMALE	6. RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 12-26-84	9. AGE (In yellast birthday) 83	ors If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
	CUPATION (Give kind of work of working life, even if retired) WIFE	108. KIND OI	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stot	,	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S N		ELAND		14. MOTHER'S MAIL MAR		
	ed Ever in U. S. Armed For		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	in you, give war or date	01 30111007	215054534	WILMER L.	PFEFFER, 31	117 GEORGETOWN RD. 2123
	LEADING TO DEATH			SYTINE HAID		1748
DISEASES rise to I UN DERLYIN 420, 3 OTHER SIGN TO THE DEL DISEASE OR	IIFICANT CONDITIONS CO ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR DF OPERATION 1986 CON	the disease, death.) ony, giving stating the NTRIBUTING HE TERMINAL LITERAL TO THE TOTAL	(B)	A CONSEQUENCE OF	GI Isleechi ve malignence	Mrs. The probability has. The probability has. The probability has.
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H. HUBBARD

WILKENS AVE.

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BALTIMORE CITY HEALTH DEPARTMENT

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Hours

If Under 24 Hrs.

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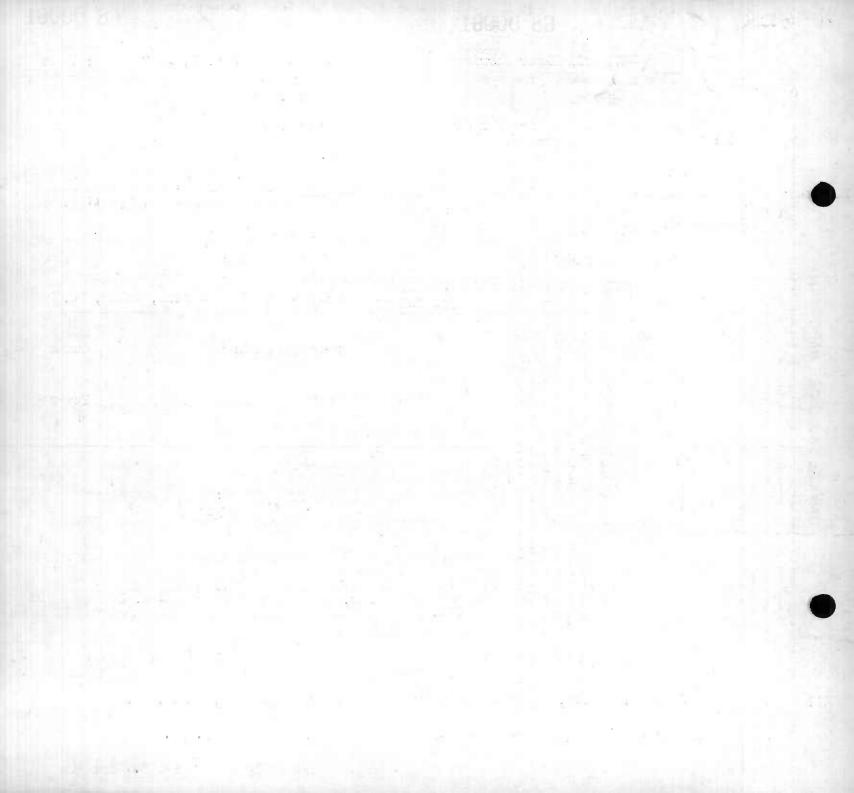
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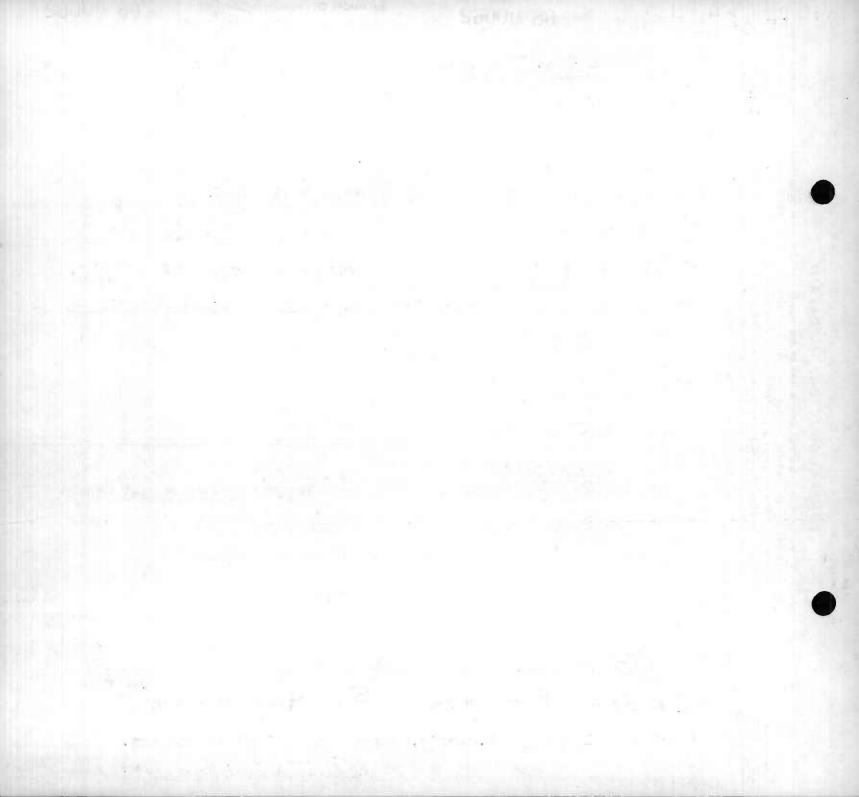
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M -	625	BIRTH I	10	6	8 000	61 CERTIF	ICA1	E OF [DEATH	REG. I	NO	68 00061
	death death eased n the Such		E OF DECEAS							Jan. 3		1 9:27 P
	hospital use of c (5) Dece ance or death.	3. PLA	E IN BALTIM	ORE MARYLAND,	WHERE PRONG	DUNCED DEAD		4. USUAL RE A. STATE	B. COU	ere deceased liv		residence before odmission)
	d in a ing cause; attend	HOSPITAL OR ADDRESS OR LOCATION (US Public Health Service Hospital 3100 Wyman Park Drive						Sever Sever Street An Rt.	na Park		D. INSIDE CITYES [
	ibu d ad	S. SEX	M 6. 1	RACE		NEVER MARRIE		5/10/1		9. AGE (In year lost birthdoy)	ors If Ur Mont	der 1 Yr. If Under 24 Hrs.
	ath occurrideterminin regulaterase	IOA, USI	JAL OCCUPA	**)	DI DIVORCE OF BUSINESS OR IND eafarer		. BIRTHPLA	CE (State or for	eign country)	12. C	ITIZEN OF WHAT COUNTRY?
	if death rect or c (4) Undet was in the dec	-	HER'S NAME	3 Scanar		ear ar er	14		Mass.	ME		USA
F	directly, (4)			Morrison				Sa	rah Mc	Leod		
RTA	the chind deat deat	(Yes, no	No No	er in U.S. Armed F yes, give wor or do	orces? ites of service)	16. SOCIAL SECURITY NO. 013-12-1	.034	Recor		PHS Hosp:	ital, Ba	ADDRESS
IMPORTAN	or his as Also, if te of any nounced attenda	18.	DISEASE C	OR CONDITION D ADING TO DEATH meen the made of	1	CAUSE OF	TE CAUSE	Carci	inomatos	sis		BETWEEN ONSET AND DEATH Months
RAL DIRECTOR:	medical examiner medical examiner burns; (3) A fract physician who pran was in regula remains are emb	DIS rise UN O TH	EASES OR IO THE CO DERLYING C ER SIGNIFICA THE DEATH B	CONDITIONS, if above cause (A) ONDITION lost, on the cause (A) ONDITION lost, on the conditions of the conditions of the conditions of the condition of the cause of the condition of the cause of the condition of the cause o	ony, giving on stoling the one of the stoling the one of the stolength of	DUE TO,	Prima orasa	ry card	cinoma f	Cloor of	mouth	Years
FUNERAL	a ody	TIEN 2	DATE OF OP	ERATION 19B. CO	NDITION FOR RFORMED	WHICH OPERATION			PSY? (Yes or N	ol 208, IF YES, IN CERTIFYIN	WERE FINDING	GS CONSIDERED F DEATH?
I	ital by e; (2) B /here tl No phy before	NOR DEA	TH (notify me	WAS UNDERLYING IG CAUSE OF dicol exominer	211 hor etc	B. PLACE OF INJURY me, form, foctory, str.,	(e.g., in o eet, offic	e bldg., INJU	WHERE DID RY OCCUR?	(If in E	Boltimore City, (give exact location)
	ved by hosp nature (ept vept ved (6)	S OF	NJURY (M	ionth) (Doy) (Yeor		hile At No	D t While Work		HOW DID IN.	JURY OCCUR?		
	eased to the ident of any hospital (exportant); and minsty and minsty and minsty hospital (exportant); and minsty be obtained.	that	(I)/(we) las	t saw the deceas	ed alive an.	Jan. 3		19 68	and th			3 19 68 , eath accurred an the date
RGB	s refea accide it a hos or to d	226	DUVELCIANE	Weaver, M		GEGREE	231	ADDRESS	Med. Director HS Hosp:	Shoff X Phys. X		1/4/68
	ertifica ody wa s: (1) An 5.0.A. a sed pri	24A. BU	RIAL CREMAT MOVAL (Speci ation	1 5 68	24C. N	AME of CEMETERY				Balto. 1	(City, town	, or countyl (Stote)
	This certify the body shows: (1) was D.O.A deceased written ap	25A. DA		1968 (1	258. NAME	of registrar			MC CULL	R		Fort Ave



	68 (111167	HEALTH DEPARTMENT		68 00062
DIP		CERTIFICA	TE OF DEATH	REG. NO.	
	TH NO. AME OF DECEASED		2 DATE AND	D HOUR OF DEATH	
	De or Print) WIL POTORE	WELK SE.		12/10	6:30 P.M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE		4. USUAL RESIDENCE (Where	deceased lived. If institu	tion: residence before odmission)
٦.	TAGE IN PALITIONS MARIEARD, WITER	TRONOUNCED DEAD	A. STATE B. COUNT	TY	Lore 1
FU	LL NAME OF (IF NOT IN HOSPITAL C	R INSTITUTION, GIVE STREET	C. CITY OR TOWN	0 5	- 010
IN:	SPITAL OR ADDRESS OR LOCATION	4)		D. INSIDE	CITY LIMITS?
0			BALTO	YE	s 🔀 NO 🗌
1	SINA' HOSP.		E. STREET AND NUMBER		
			3508 KUL	AND AVE	•
S. 5	6. RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF BIRTH	AGE (In veors If	Under 1 Yr. If Under 24 Hrs.
X	AALE WHITE W	DOWED DIVORCED	APRIL 4, 1908	59	
ØA	USUAL OCCUPATION (Give kind of work 108.	KIND OF BUSINESS OR INDUSTRY		gn country) 12	CITIZEN OF WHAT COUNTRY
not	during most of working life, even if retired)				2, 6
1	ETIRED PAINTER		MARY LAND 14. MOTHER'S MAIDEN NAM		21.5.
٥.	FATHER'S NAME		,		
	EMORY WELK		MARY E. S	HAFFER.	
S.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
1 e	(If yes, give wor or dotes of		M		
_	NO NO	212-12-7403	MARGARET E	. WELK-350	OSITOLAND AVE
	18. 492XI	CAUSE OF DEATH			BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECT	LY	0.40	2 2 1 =	1000
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE CHOONIC OF EXPINE	BIRUCTUR	1/glan
	(This does not mean the mode of dyin heart failure, osthenio, etc. It means the	disease DUE TO, OR AS	A CONSEQUENCE OF: DELO	02111	9
	injury or complication which caused deal	(h.)	Editity	Sieuch	
	ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, if ony,	(B)	A CONSEQUENCE OF:		
	rise to the above couse (A) state	3			
	UNDERLYING CONDITION lost.	(c)			
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O	OTHER SIGNIFICANT CONDITIONS CONTRI				
ATI	TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1 ()			070000000000000000000000000000000000000	
ERTIFIC		N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIND	DINGS CONSIDERED
RT	WAS PERFORM	NED .		IN CERTIFING CAUSES	or DEATH!
Ü	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	or obout 21 C. WHERE DID	(If In Baltimore Cit	ly, give exoct location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	home, form, foctory, street, of etc.)	rice bidg., INJURT OCCUR?		
DIC	21D. TIME (Month) (Doy) (Year) (He	our) 21E. INJURY OCCURRED	215 HOW DID INH	INV OCCUM	
ME	OF INJURY		21F. HOW DID INJU	JRY OCCUR!	
<	(APPROX.)	While At Not While			
	22. I certify that (I) (this haspital) att	anded the deceased from	17/76 1	967 10 1	12 1068
		ended the decedsed from	V (175
	that (I) (we) last saw the deceased al	ive an 1268	19and the	it In(my) (aur) apiniar	death accurred an the dat
	and havr and fram the causes stated a	bave (I) (We (did) (did nat) v	iew the bady after death.		
	23A. SIGNATURE			House 231	B. DATE SIGNED
	1000	Dhu	nding Med. Director	Yoff D	(17/68
	23C. PHYSICIAN'S	DECKEE	23D. ADDRESS		20 100 - 00
	NAME (Type)		5 11	01.01	syltimore, Me
	DR. KRUCE E+	tinger DEGREE	-ina. Prosp.	Reliegere	a GREENSPI
24/	REMOVAL (Specify) 248. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D LC	CATION (City, 1	own, or county) (State)
		C+ Manual - II	300	O D-7	
	B urial 1/6/68 DATE REC'D BY HEALTH DEPT. 258.	St. Mary's Hamp	25C. FUNERAL DIRECTOR	O Roland Av	ADDRESS
	JAN 5 1968 (P.O.)	t E stankerth	T'F	7 14	PIPPO 10
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Sustin E. Donovard-3818 Roland Cive



Burial
25A. DATE REC'D BY HEALTH

VS 150-REV. 1748

1/6/ DEPT. 68

8 Evergreen
258. NAME OF REGISTRAR

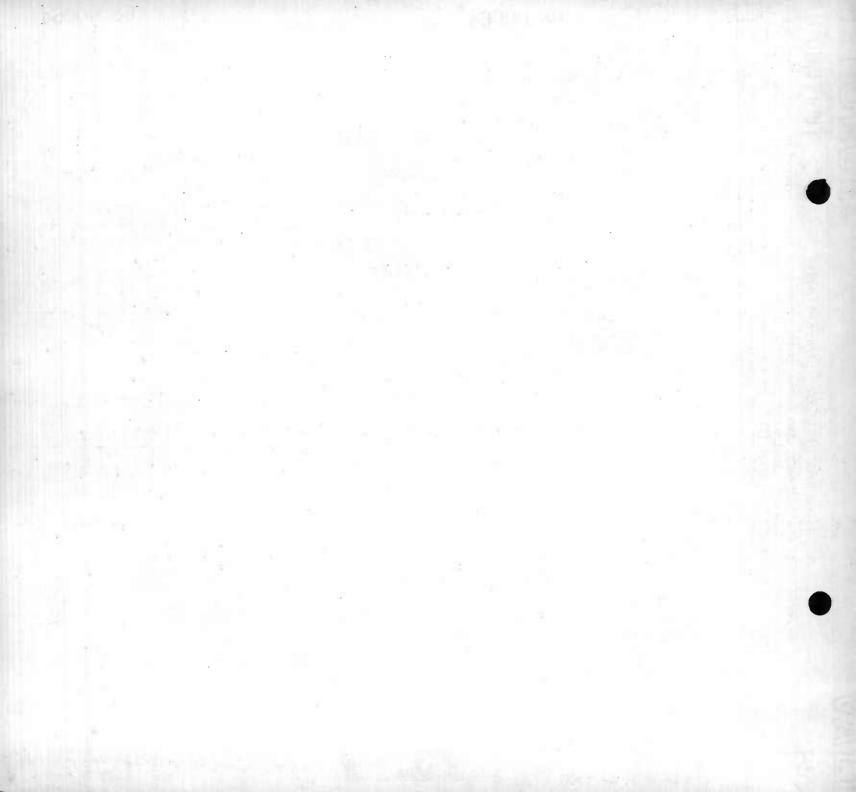
	BALTIMORE CIT	Y HEALTH DEPARTMENT	00 00000
BIRTH NO. 68 00	0063 CERTIFICA	TE OF DEATH REG. NO.	68 00063
1, NAME OF DECEASED		2, DATE AND HOUR OF DEA	хтн
Type or Print) Grace D. Ba	avlv.	January 3,1	068 1:10 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE P		4. USUAL RESIDENCE (Where deceosed lived. A. STATE B. COUNTY	Il institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	INSTITUTION, GIVE STREET	Maryland c. CITY OR TOWN	INSIDE CITY LIMITS?
		Balto	YES X NO
Ardleigh Nursing	Home	E. STREET AND NUMBER	
2095 Rockrose Av	70	1476 Medfield Ave	
SEX 6. RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
Female White WIDE	OWED DIVORCED	Nov 25.1878 89	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KI		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTR
one during most of working life, even if relired)			
Housewife		Maryland	U.S.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Charles Alder.		Mary Stevens	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of se	1 6. SOCIAL	17. INFORMANT	ADDRESS
	SECURITY NO.	35. T 0 3 -1-	
no no	CAUSE OF DEAT	Mary I. Greeley.147	Medfield Ave
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	g the	iosclerotic cardiovas A CONSEQUENCE OF: disea	se 15 yrs.
	(C)		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 [A).			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, cetc.)	in or obout 21 C. WHERE DID (If In Bolt ffice bldg., INJURY OCCUR?	imore City, give exact location)
21D.TIME (Month) (Doy) (Year) (Hours	While At Work At Work		
22. I certify that (I) (this-hospital) atter	ided the deceased from	Dec. 28 1967 10	Jan. 3 19 68
that (1) (we) last sow the deceased aliv	Τ. Ο	()	opinion deoth occurred on the do
			opinion deoth occurred on the do
and hour and from the couses stated about	ove. (I) (We) (did) (did_not)	view the bady ofter deoth.	
23A. SIGNATURE Hogy	Saylog Am		Jan. 4, 1968
23C. PHYSICIAN'S NAME (Type) Lloyd E. Sa	Rylor	3902 Greenmount Av	enue
44A. BURIAL CREMATION, 24B. DATE	24C, NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State)

Ceme

Gettysburg, Pa.

ADDRESS

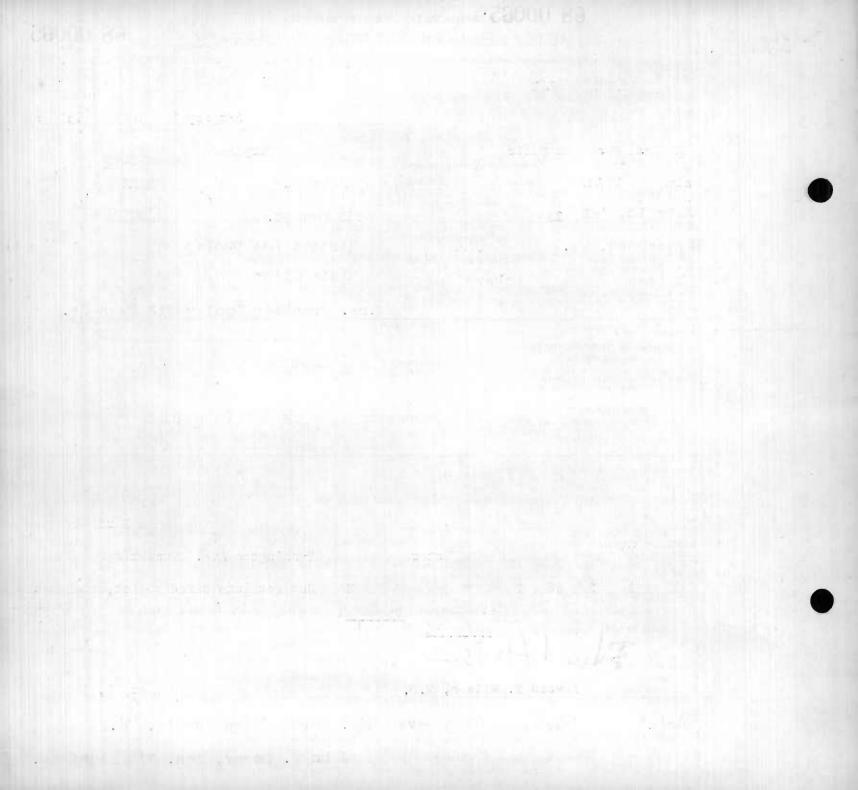
Along & Longies



68 00065 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH.

		٨	MEDIC	CAL	EXAMINER'S			DEATH	REG. NO	68	000	65
_	TH NO.						- 5		_	.,	E	
	De or Print)		TINE TIME			2. DATE OF	Known L	Month	Doy	Yeor	Hour	
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	L NAME OF				UTION, GIVE STREET		UNCED DEAD	Monin	Day	1601	11001	
HO	SPITAL	ADDRESS OF	RLOCATIO	N)	OTION, GIVE SIKEEI			Januar		1968) ам.
OR	INSTITUTION					5. USUAL I A. STATE	RESIDENCE (Where		d. If institution: COUNTY	residence l	before odmis	sion)
	Medica	al Examine	er Of	fice		A. SIATE	Mar	yland	COUNTY			
6.	SEX	7. RACE			D NEVER MARRIED	C. CITY OF			. INSIDE CIT	Y LIMITS?		
	Male	White		IDOWE		Po	ltimono		VE	s kx	NO 🗌	
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		lost	birthdoy)		onths Doys Hours Min.				2		NAME OF TAXABLE PARTY.	
11	July 1		25	- 12	CIVIZENIOE	913	Fawn St.			>		Je
		itate or foreign cou		112	CITIZEN OF WHAT COUNTRY?	13. FATHER	'S NAME					
1	Naynesb	oro, Va	•		WHAT COUNTRY?	Her	bert Lee	Dudle	y			
14A	USUAL OCCU	PATION (Give kind vorking life, even if re	of work 14B	KIND	F BUSINESS OR INDUSTRY							
-5011	Drive		cired)	Rela	erv	Els	ie Cline					
16.	WAS DECEAS	ED EVER IN U.S.	ARMED FO	ORCES?	17. SOCIAL	18. INFOR	MANT		AD	DRESS		
(Ye	s, no or unknown	(If yes, give wor or	dotes of s	service)	SECURITY NO.	Mrs.	Franklin	Dudle	77 013	Four	42	
-	10 100	1.0			CAUSE OF DEA		LISHKIII	Duule	y oro		PROXIMATE IN	TERVAL
	E 81	5, /1			CAUSE OF DEA	ın				BETV	VEEN ONSET AT	ND DEATH
	DISEAS	E OR CONDITION	DIRECTL	.Υ								
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	(This does n	ot mean the mode, osthenio, etc. It me	of dying	, e.g.,	DUE TO, OR							
	injury or con	nplicotion which cou	sed deoth.)								
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		NTECEDENT CAUS			(B)	AS A CONCI	QUENCE OF:					
	RISE TO THE	OR CONDITIONS, E ABOVE CAUSE (A) STATIN	G THE	DOE 10, OK	M3 M CONSI	QUENCE OF:					
z	UNDERLYIN	IG CONDITION	LAST.		(C)							
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l₹		IFICANT CONDITIO										
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CERTIFICATION					OR WHICH OPERATION WA	AS PERFOR	MED			21. AUTO	PSY? (Yes o	r No)
뜅	2											
7	22A. FXTER	NAL CAUSE WAS		Too	B. PLACE OF INJURY(e.g.,	in as about	22C WHERE DID	// := D -14:	City -ive and	Par	tial	
0		OR CONTRIB-		ho	ome, form, foctory, street, office	e bldg., etc.)	INJURY OCCUR?	(II III BOIIIMOI e	City, give exoc	i roculion)	25	131-
0	UTING CA	USE OF DEATH.			Water		Penningt	on Ave.	Draw	bridge	370	05
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		ted fram; Noture			Accident XX Suicid		amicide 🗌	Undetermine	d mannar [7		
	resur	Ted Tramit 1401016	di cause	,	Accident IAA Solicit			Г				
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	EXAMIN	ER'S				ASS	OCIATE MEDICAL E	XAMINER [
	NAME (1			F. V	Vilson, M.D.						, 1968	
	A. BURIAL CREA		DATE		24C. NAME of CEMETERY	or CREMAT	ORY 24D.	LOCATION	(City, town	, or county) (Sto	e)
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25					<u> </u>		FUNERAL DIRECTO	len Bu		DDRESS		
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	95	1300	1 AP	CHILL	E. Tankey M.	Jo	hn F. De	nny,	Inc. 7	15 L:	ight S	St.
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4. PLACE IN BAI						3. DATE	OUNCED	DEAD	Month	Doy	Yeo		
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Harbor	- Penn	ington	Ave,	Dr	awbridge	A. STATE	Mary	land		B. COUNTY	2	3-	50
6. SEX	7. RACE		8. MARR	IED [NEVER MARRIED	C. CITY C	R TOWN	1		D. INSIDE C	ITY LIMIT	S?	To the same of the
male	White	2	WIDOW	/ED	DIVORCED [Ва	1timo	ore		Y	ES X	NO [
9. DATE OF BIRT		10.AGE (li	yeors y)	If Un Mont	der 1 Yr. ff Under 24 Hrs. hs Doys Hours Min.	E. STREET			root (1518 B			
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					VHAT COUNTRY?				10				
	nore,		140 KIND	05.6	USA				Villia	ms			
done during most of	working life, ev	e kind of work en if reflred)			BUSINESS OR INDUSTRY								
Labor					eel Co.			e Rad	ier				
fo. WAS DECEAS (Yes, no or unknown	SED EVER IN	U.S. ARMEE	of service	?	17. SOCIAL SECURITY NO.	18. INFO	RMANT			A	DDRESS		
(Yes, no or unknown						Mr.	Ray	Willi	lams 6	30 Ho	ly C	ross	Rd.
19.	100	-			CAUSE OF DEA							APPROXIMA	ATE INTERVAL
DISCAS	E OR COND	ITION DIRE	CTIV		Asphyxia	a due	to dr	cownin	g		ľ	LIWELIN OIL	OLI AIND DEAILI
DISEAS	LEADING TO		CIEI										
	not meon the				(A) IMMEDIATE O		QUENCE	OF:					
	e, osthenlo, etc mplication which												
	OR CONDITION		CIVING		(B)DUE TO, OR	AS A CONS	FOLLENC	E OF:					
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E 81914	1	II											
OTHER SIGN	NIFICANT CON ATH BUT NOT												
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02												Yes	S
	NAL CAUSE			22B. P	LACE OF INJURY (e.g.,	in or obout	22C. WI	HERE DID	(If in Boltimo	re City, give ex	oct locotio	n)),	1 200
UNDERLYING UTING CA				nome	, form, foctory, street, offic	e blag., etc.)	Later -		n Awer	ue Draw	hrid	ge .	-05
≥ 22D. TIME		oy) (Yeor	r) (Hou) 22	E.INJURY OCCURRED	(49)			JURY OCC		0	5-	
OF INJURY (APPROX.)	1	2 19	68 UN	K W	HILE AT NOT	WHILE ORK	Sub	j. dro	ve off	drawbi	idge	into	harbor
23.				m.į w	ORK L ATW	ORK					-		
1 cert	tify that I h	eld on 1	nguiry [Inspection Au	topsy X	and	that on t	his basis,	death in my	apinior	1	
	ted from: N				ccident Suicid		- Homicide			ned manner			
16301	A	010101 000	303 [- Solicio				EXAMINER		_		
ACTUAL	1100		1		-/-							DATE	SIGNED
SIGNAT		MLS.	12.	1	M.D				EXAMINER				
NAME (erner	U. Sp	ijtz	, M.B.	ASS	OCIATE	MEDICAL 1	EXAMINER			1-2	-68
24A. BURIAL CRE	MATION, 2	48. DATE		240	. NAME of CEMETERY	or CREMA	TORY	24D.	LOCATION	(City, tow	n, or coul	nty)	(Stole)
REMOVAL (Special		1/5/6	Q	1	Tlan Harran	37	7)1-	0-	D		363		
25A. DATE REC'D					Glen Haven						Md.		
ZOA. DATE REC'D	DT HEALIH	DEPI.			OF REGISTRAR			AL DIRECT			ADDRESS		-
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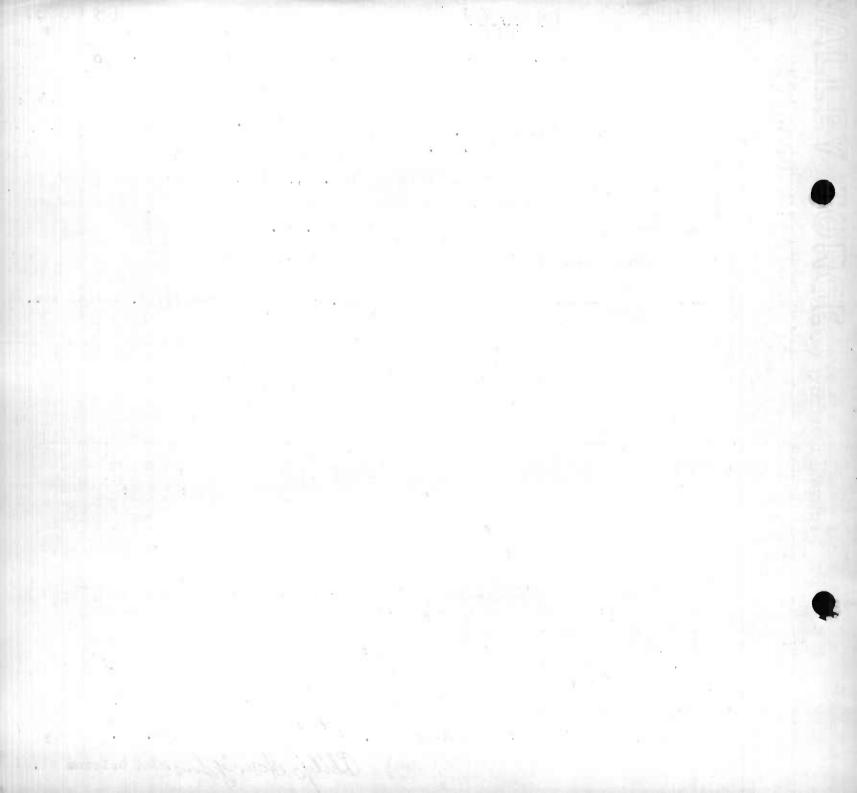
SA	00000	BALTIMORE CITY HEAT	TH DEPARTMENT
50	00067	CERTIFICATE	OF DEATH

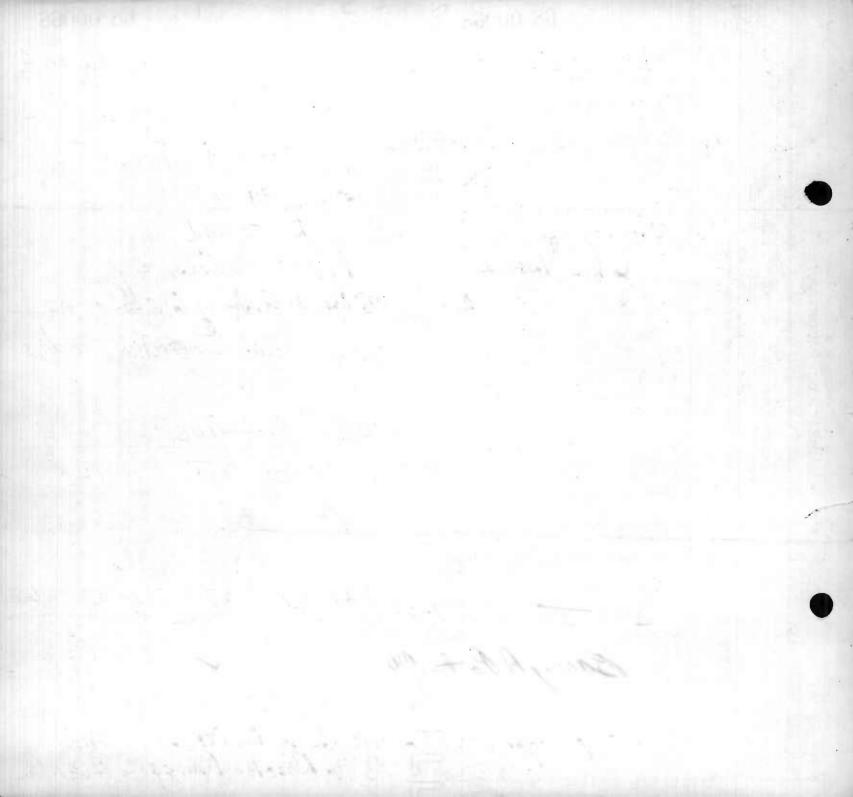
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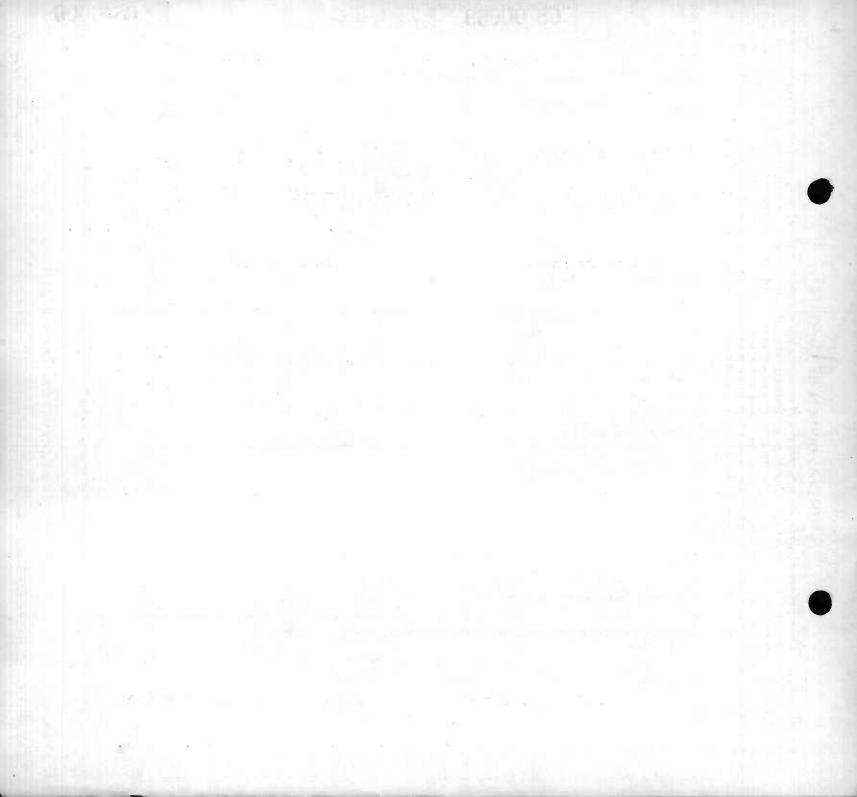
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SEA SECTION OF BUILDING CONSIDERED NOT SELECT MARKED SECTION S	FULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	ral Or INSTITU ATION)	UTION, GIVE STREET	4. USUAL RESIDENCE (Whore deceased lived. If institution: residence before admiss A. STATE 342 McHenry Street C. CITY OR TOWN Baltimore Md. E. STREET AND NUMBER					
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AL USALA OCCUPATION (Give had of weak) log. KIND OF BUSINESS OR INDUSTRY 13. BIRTHPLACE (Slove or foreign country) Machine Operator FATHER'S NAME Irvin Bennett Was Decosard Ever in U. S. Anned Forces? FATHER'S NAME IVIN Bennett Was Decosard Ever in U. S. Anned Forces? FATHER'S NAME IVIN Bennett Was Decosard Ever in U. S. Anned Forces? SECURITY NO. 18. OCIAL SECURITY NO. 19. INFORMANT ADDRESS Mrs. Dorothy Svendsen, 711 N. Linwood IV Mrs. Dorothy Svendsen, 711 N. Linwood IV ANTECEDENT CAUSES DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) MMAEDIATE CAUSE CAUSE OF DEATH ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving mise to the above couse (A) soling the UNDERLYING CONDITION Inst. DUE TO, OR AS A CONSEQUENCE OF: (C). SET OF THE STANDARD OF THE ERMINAL OF T	Female	White			Nov.23	,1931	last birthday) 31	Month	Doys Hours	Min.
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ADDRESS Was Deceased Ever in U. S. Armed Forces? ADDRESS As no or inhumon (It yes, give wer or does of service) 18.										
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., head failure, astheries, etc. It means the disease, injury at complication which coused deeth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost. (C) 3	. Was Deceosed	Ever in U. S. Armed Fo	rces?		17. INFORMAN	T		711 N.1		e.(
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDING'S CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., injury OCCUR? 217. HOW DID INJURY OCCUR? 218. INJURY OCCUR? 219. TIME (Month) (Doy) (Year) (Hour) 218. INJURY OCCURRED 219. HOW DID INJURY OCCUR? 219. HOW DID INJURY OCCUR? 219. HOW DID INJURY OCCUR? 229. Lecrtify that (I) (this haspital) attended the deceased fram 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967 1967	DISEASES of the UNDERLYIN	asthenio, etc. It means nplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave couse (A) G CONDITION last.	the disease, deoth.)	(8)		0				
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that (I) (we) last saw the deceased alive an Jan 1968 and that in (my) (aury apinion death accurred an the and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) NAME (Type) M. D. G. H. G. L. F. M. D. DEGREE Attending Med. Director Phys. 1-5-68 23D. ADDRESS NAME (Type) M. D. R. L. B. S. C. H. R. E. L. F. M. D. DEGREE Attending Med. Director Phys. 1-5-68 23D. ADDRESS NAME (Type) Attending Med. Director Phys. 1-5-68 24D. LOCATION (City, town, or county) (State of C	21 D. TIME OF INJURY	(Month) (Doy) (Yeor)	Whi	ile At Not Whit	e	OW DID INJ	URY OCCUR?			
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SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	Buria	1 Jan 8th				AL DIRECTOR		lto. M		

VS 150-REV. 1/1/68

long 2024 Orleans St. 31





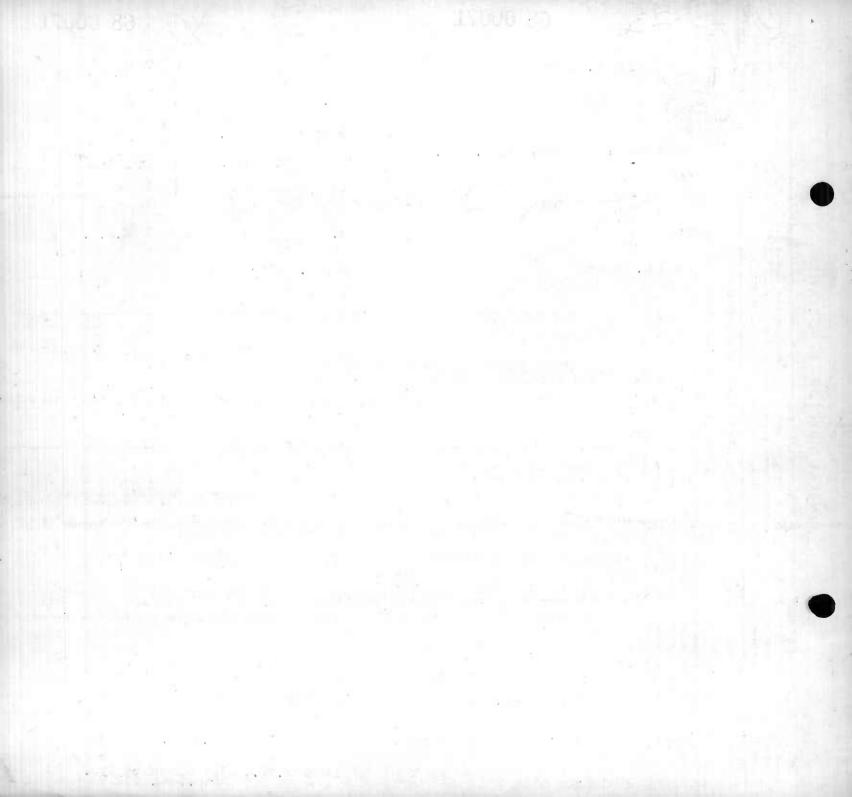


MARTHA BAKER

TARBARA.

em seeds abroad adopt of make have marine heart rathers.

Type	OF DEC				2. DATE AI	ND HOUR OF DEAT	TH 0/			
	1	tita E. Schus			1/1/6	8 //	AM			
FULL	L NAME OF	TIMORE, MARYLAND,	TAL OR INSTIT	UNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, 11 institution; residence before admissi A. STATE B. COUNTY Md.					
INST	ITUTION	leherne Road		Ma	Rie sterstown E. STREET AND NUMBER		YES NO NO			
			, Daz co	o, Mu.	103 Glyndon D	rive	63700			
5. SE	r F	6. RACE	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2/15/18 94	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.			
done		working life, even if retired		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNT			
13. F/	ATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME				
	John G.	Bannon			Mary E. Smith		A			
s. W	os Deceosed	Ever in U. S. Armed F	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS			
Yes,	no or unknown	(If yes, give wor or do	tes of service)	SECURITY NO.	12/11					
	heart foilure, injury ar can	not mean the made of asthenio, etc. It meon application which cause ANTECEDENT CAUSE	s the disease, d death,)		A CONSEQUENCE OF:	a do	The contract of the contract o			
ATION	DISEASES (rise to the UNDERLYIN) OTHER SIGNIII TO THE DEAT	ashenio, etc. II meon plication which cause ANTECEDENT CAUSE OR CONDITIONS, if a obave cause (A: 3 CONDITION last. FICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PACTOR OPERATION 1798. CO	s the disease, d death.) S any, giving stating the ONTRIBUTING THE TERMINAL (RT † (A).	DUE TO, OR AS		Colemo C	RE FINDINGS CONSIDERED CAUSES OF DEATH?			
ERTIFICATION	DISEASES (rise to the North Property of the North Property of the North Property of the North Property of the Death Property of the	asihenio, etc. II meon plication which cause ANTECEDENT CAUSE OR CONDITIONS, if e obave cause (A: G CONDITION last. FICANT CONDITIONS COUNTION GIVEN IN PART ON PART ON PART ON PART OF PRETATED TO ONDITION GIVEN IN PART OF PART ON PART OF PART ON PART OF PART ON PART OF PART ON PART OF PART OF PART ON PART OF	s the disease, d death.) S any, giving stating the DNTRIBUTING THE TERMINAL ART 1 (A). NOTION FOR REFORMED	(B) DUE TO, OR AS (C) WHICH OPERATION	A CONSEQUENCE OF: Lastatie A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or N.	IN CERTIFYING	CAUSES OF DEATH?			
AL CERTIFICATION	DISEASES (rise la lh UNDERLYIN P 9 2 OTHER SIGNII TO THE DEAT DISEASE OR C 19A DATE OF	ashenio, etc. II meon plication which cause ANTECEDENT CAUSE OR CONDITIONS, if a obave cause (A: 3 CONDITION last. FICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PACTOR OPERATION 1798. CO	s the disease, d death.) S any, giving stating the ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR REFORMED	(B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, steet, o	a consequence of:	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?			
CAL CERTIFICATION	DISEASES (rise la lh UNDERLYIN P	ashenio, etc. II meon pplication which cause ANTECEDENT CAUSE OR CONDITIONS, if e obave cause (A: G CONDITION last. FICANT CONDITION S CONDITION GIVEN IN PACE OPERATION 198. COWAS PENT WAS UNDERLYING TIME CAUSE OF	s the disease, d death.) S any, giving slating the ONTRIBUTING THE TERMINAL (RT † (A). NOTION FOR REFORMED	(B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, steet, o	A CONSEQUENCE OF: Las fatice A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No	(If in Boltin	CAUSES OF DEATH?			
MEDICAL CERTIFICATION	DISEASES (rise to the UNDERLYIN) OTHER SIGNII TO THE DEAT DISEASE OR CO 19A DATE OF 21A ACCIDE OR CONTRIBLE DEATH (notify	ashenio, etc. II meon polication which cause ANTECEDENT CAUSE OR CONDITIONS, if e obave cause (A) G CONDITION last. CICANT CONDITIONS CONTROL OF CONDITION GIVEN IN PARTICIPATION OF COMMAND CONDITION GIVEN IN PARTICIPATION OF CONTROL	s the disease, d death.) S any, giving stating the DNTRIBUTING THE TERMINAL (RT † (A). NOTITION FOR RFORMED 1 (Hour) 21E wh	WHICH OPERATION PLACE OF INJURY (e.g., o) INJURY OCCURRED ile At Not While	20A. AUTOPSY? (Yes or Note of bidg., INJURY OCCUR?	(If in Boltin	CAUSES OF DEATH?			
MEDICAL CERTIFICATION	heart foilure, injury at can be continued at the continue	ashenio, etc. II meon plication which cause ANTECEDENT CAUSE OR CONDITIONS, if e obave cause (A: G CONDITION last. FICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PARTICLE OF CONDITION GIVEN IN PARTICLE OF CAUSE OF MEDICAL CAU	s the disease, d death.) S any, giving slating the Stating the S	WHICH OPERATION PLACE OF INJURY (e.g., in the form, foctory, street, on the following of the following of the form) INJURY OCCURRED it is at Work the deceased from the form foctory.	20A. AUTOPSY? (Yes or No. 19 6) and the	(If in Boltin	CAUSES OF DEATH? more City, give exact location) 2/27 19.67			
MEDICAL CERTIFICATION	DISEASES (IT IS A COLOR OF INJURY (A PPROX.) 23 C. PHYSICIA 10 IN IS A COLOR OF INJURY (A PPROX.) 23 C. PHYSICIA 23 C. PHYSICIA 24 CO. PHYSICIA 26 C. PHYSICIA 27 C. PHYSICIA 27 C. PHYSICIA 28 C. PHYSICIA 29 C. PHYSICIA 20 C. PHYSICIA 20 C. PHYSICIA 20 C. PHYSICIA 27 C. PHYSICIA 28 C. PHYSICIA 27 C. PHYSICIA 28 C. PHYSICIA 27 C. PHYSICIA 28 C. PHYSICIA 28 C. PHYSICIA 27 C. PHYSICIA 28 C. PHYSICIA 27 C. PHYSICIA 28 C. PHYSICIA 27 C. PHYSICIA 28 C. PHYSICIA 28 C. PHYSICIA 27 C. PHYSICIA 28 C. PHYSICIA 28 C. PHYSICIA 27 C. PHYSICIA 28 C. PHYSICIA 28 C. PHYSICIA 27 C. PHYSICIA 28 C. PHYSICIA 28 C. PHYSICIA 27 C. PHYSICIA 28 C. PHYSICIA 29 C. PHYSICIA 20 C. PHYSICIA 21 C. PHYSICIA 22 C. PHYSICIA 22 C. PHYSICIA 23 C. PHYSICIA 24 C. PHYSICIA 25 C. PHYSICIA 26 C. PHYSICIA 27 C. PH	ashenio, etc. II meon plication which cause ANTECEDENT CAUSE OR CONDITIONS, if e obave cause (A: G CONDITION last. FICANT CONDITION S CONDITION OF RELATED TO ONDITION GIVEN IN PARTICIPATION OF THE AUGUST OF THE	s the disease, d death.) S any, giving slating the Stating the S	WHICH OPERATION PLACE OF INJURY (e.g., in the form, foctory, street, on the first of the deceased from the deceased fro	20A. AUTOPSY? (Yes or Note to bidg., INJURY OCCUR? 21F. HOW DID INJury of the bidg.) 21F. HOW DID INJury of the bidg.	(If in Boltin	CAUSES OF DEATH? more City, give exact location) 2/27 1967			
MEDICAL CERTIFICATION	DISEASES (rise to the UNDERLYIN) PROPERTY OF THE PROPERTY OF	ashenio, etc. II meon plication which cause ANTECEDENT CAUSE OR CONDITIONS, if e obave cause (A: G CONDITION last. FICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PACTOR ON THE CONDITION GIVEN IN PACTOR OF THE CAUSE OF MEDICAL	s the diseose, d death.) S any, giving slating the one of the terminal lart i (A). NOTRIBUTING THE TERMINAL LART i (A). NOTITION FOR REFORMED 218 hometic. Who wo did attended the sed alive an anted abave. (Bernstei	DUE TO, OR AS (B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., or	20A. AUTOPSY? (Yes or No. 20A. AUTOPSY? (Yes or No. 21F. HOW DID IN. 21F. HOW DID IN. 21F. HOW DID IN. 22D. ADDRESS 112 Chartley	IN CERTIFYING (If in Boltin IURY OCCUR? To	causes OF DEATH? more City, give exact location) 2/2.7			
MEDICAL CERTIFICATION	DISEASES (rise to the UNDERLYIN) PROPERTY OF THE PROPERTY OF	ashenio, etc. II meon plication which cause ANTECEDENT CAUSE OR CONDITIONS, if e obave cause (A: G CONDITION last.	s the disease, d death.) S any, giving slating the one of the terminal representation of th	WHICH OPERATION PLACE OF INJURY (e.g., interpretation of the process of the proc	20A. AUTOPSY? (Yes or No. 1) a CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No. 1) n or about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJury occur?	IN CERTIFYING (If in Boltin IURY OCCUR? To	causes OF DEATH? more City, give exact location) 2/2/2 19 67 appinion death accurred an the d 23B, DATE SIGNED / 3 -68 (City, town, or county) (State)			



D-435

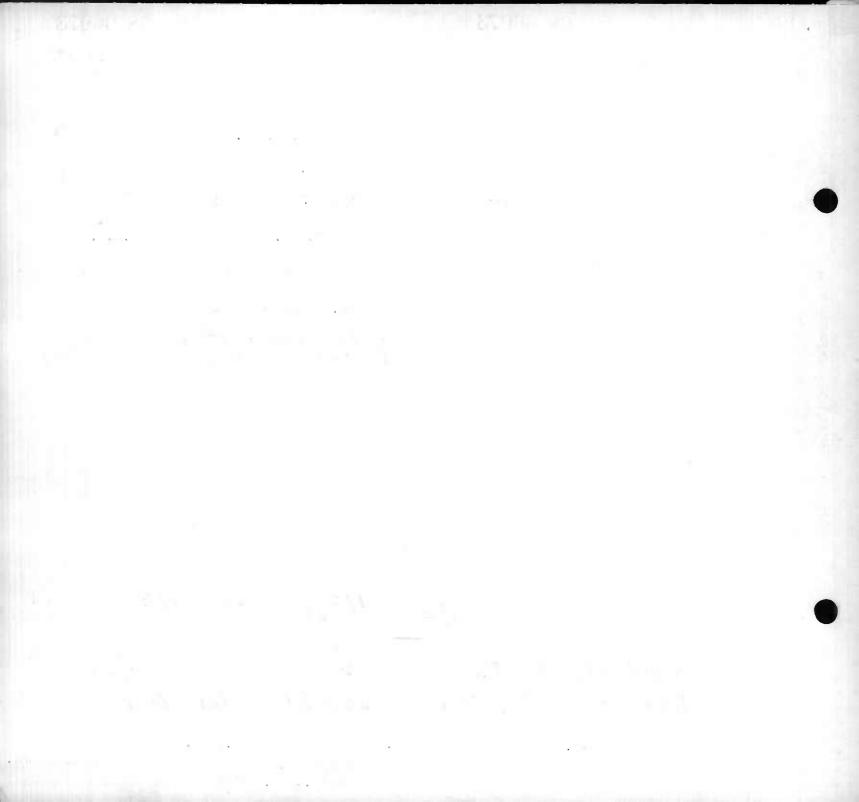
68 00072 BALTIMORE CITY HEALTH DEPARTMENT

0 00011				0000
MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH REG NO	68	00072

BIR	TH NO.		MEL	ICAL	. EA	AMIINER 3	EK I IFI	CATEO	r DEA I	REG. NO.	00 0	OONC	-
1. N	NAME OF DEC						2. DATE	Knawn 🔉	Manth	Day	Yeor	Hour	
	e ar Print)	EDGAL				ALTON	OF DEATH	Estimoted [Janua	iry 2,	1968	12:01	A _M .
	LACE IN BALL						3. DATE	UNCED DEAD	Month	Doy	Yeor	Hour	
HOS	NAME OF	ADDRE	SS OR LOCA	TION)	IIIUIIO	N, GIVE STREET				2	968	12:01	
C	ERTI	Frankli FIC	In Squa	are H	ospi	NDED S	5. USUAL I A. STATE	Maryland		ived. If institution: B. COUNTY	residence b	efare admissio	on)
6. S	EX	7. RACE		8. MARE	IED 🗌	NEVER MARRIED	C. CITY O	TOWN		D. INSIDE CIT	Y LIMITS?		
	male	White	2	WIDOV	VED 🗌	DIVORCED	Ba1t	imore	1	YE	s X	NO 🗆	
	ATE OF BIRTH	1	10. AGE (yeors	If Unde	er 1 Yr. If Under 24 Hrs. Days , Haurs , Min.	E. STREET	AND NUMBER					
4	/7/20		lost birthdo	"/ AS			21 No	orth Care	y Stree	et			
	BIRTHPLACE (S	tate or foreig	n country)			IZEN OF	13. FATHER	'S NAME					
1	la.					IAT COUNTRY?	Wm.	T. Dalto	n				
14A. dane	USUAL OCCUI	PATION (Give	e kind af wark en ifrettred)	14B. KINE		SINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN N	AME				
	Steamer			Paul	E.	Lord	Kat	e C. Dal	ton				
	WAS DECEASE no or unknown)					7. SOCIAL SECURITY NO.	18. INFOR	MANT		AD	DRESS WC	odingto	on Rd
						245-12-2865	Mrs.	Martha D	aniel,	712 5.	lashin	cton Bo	ULY
	19. 5	1.61	X			CAUSE OF DEA	ГН			-		PROXIMATE INTE	
	DISEASI	OR COND	ITION DIRE	CTLY		Stab Wo	ound of	Chest (left)				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (TELL)												
	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It meons the disease, injury or complication which caused death.)												
	injory or com	pheonon wine	in coosed de-	,				440					
	ANTECEDENT CAUSES (B)												
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE									200			
Z	UNDERLYIN	G CONDITI	ON LAST.			(c)							
밥	E982 X		11										_
0	TO THE DEA	IFICANT CON ITH BUT NOT	RELATED TO	THE TERM	INAL								
CERTIFICATION		CONDITION				HICH OPERATION WA	C DEDECOR	AFD			In Auto	DCVO /V I	NI a V
CER	2	OFERATION	200. CO	ADIIIOIA	FOR W	HICH OPERATION WA	S PERFOR	VIED			ZI. AUIO	PSY? (Yes or I	140)
3	22A. EXTERN	NAL CAUSE	WAS		22B. PL	ACE OF INJURY(e.g.,	in or about	22C. WHERE DIE	O (If in Baltime	re City, give exa	t lacation)		-2
음	UNDERLYING	MOR CON	TRIB-		hame, f	ACE OF INJURY (e.g., arm, factory, street, office one	bldg., etc.)	1st. flo	or ant	rear	21 No:	rth Car	OV St
	UTING LI CAL		oy) (Year) (Hau		INJURY OCCURRED		22F. HOW DID			ZI NO.	I til Gal	ey st
	OF INJURY (APPROX.) J			. 11	:30H	UE AT NOT	WHILE S	Subj. st			Gumen	t	
L 1	23.			Ρ.	m. WO	AI W	OKK DOLL	babj. Ba	abbea e	ar Ing ar	- Bame II		
	l certi	fy that I h	eld an I	nquiry [nspection Au	apsy X	and that an	this basis,	death in my	opinlan		
resulted from: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER													
										_			
	SIGNATU	IDE ///	12ms	SIA	. 7	M.D	ASS	STANT MEDICA	LEXAMINER	X		DATE SIGNE	:D
	EXAMINE	D'S	110	7-1-	(9		OCIATE MEDICA	LEXAMINER				
244	NAME (T	, , , ,	erner	J. Sp		M.D.					1-2		
	BURIAL CREM MOVAL (Specif		4B. DATE		246/	NAME of CEMETERY	ar CREMAT	DRY 24	D. LOCATION		, or caunty)	(State)	
	urial		1/4/6			Grace Baptis				boro, N.			
25 A	. DATE REC'D			25B. N	AME O	F REGISTRAR		FUNERAL DIREC			DDRESS		
	63.7	1 P	368 (j	Lieu	54	talke MA	LW.			1 Edmond	ison A	ve.	
		1 = 3		1		E	B	Lto. Md	21229)			/

1/19/68 - Correction found from Juneral derection AND THE RESIDENCE OF THE PARTY OF THE PARTY

F-400 68 00073	3	HEALTH DEPARTMENT	Registered Na.	68 00073
M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	
1, NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	100
(Type or Print) Catherine Falahee		1/3/6	SA	730
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived, If in	stitution: residence before admission
		A. STATE B. COUN	TY	
FULL NAME OF (If not in hospital or institution, and oddress or location)	give street	C. CITY OR TOWN (If out	side city limits, write	NIRAL ond give township)
INSTITUTION		Baltimore, M		10-00
Crawford Nursing Home		D. STREET ADDRESS (If I	urol, give locotion)	45
		432 S. Pulas		
	NEVER MARRIED D, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr., If Under 24 Hrs.
F W widow		11/24/82	85	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF		11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
done during most of working life, even if retired)				WHAT COUNTRY?
House wife		Elkton, Md.		U.S.A.
13. FATHERS NAME				
Late Alfred Smith		Late Annie Sn	nith	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)[(If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
yes, give not doled at settler	JECOKIII NO.	Mrs. Nellie Je	nki ns	
1B. /// 2 G	CAUSE OF		7121.2.1100	INTERVAL BETWEEN
7/0/17	CAUSE OF	IN ON! A - I	and i	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	y	Herioga	Haus	1 1 1 1 1 1 1
	(A)	fatt acs	ease	1 cay
(This does not meon the made at dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO			1
injury or camplication which caused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, giving	00110			
rise to the above cause (A) stating the	(C)			
UNDERLYING CONDITION last.				
420,0 11				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	E			
19A, DATE OF OPERATION 19B, CONDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No	20 B. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED		Vio	IN CERIFIING CA	USES OF BEATH:
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
▼ DEATH (notify medical examiner) etc.)		ice blags, mooki occok.		
D 21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S OF INJURY	ile At Not While			
(APPROX.)				/
22. I certify that (I) (this hospital) attended th	he deceased from	1/2	968 10 1	13 1968
that (I) (we) last saw the deceased alive an	1/2	1. 1.	/	nian death accurred an the da
			ar miling, laur, api	death accourse all the do
and haur and from the causes stated above. (I) (We) (did) (did not) vi	ew the bady after death.		
23A. SIGNATURE		,		23B. DATE SIGNED
Kallon HA (ROIT	M.D. Atter	nding Med.	Stoff Phys.	115/68
23C. PHYSICIAN'S		3D. ADDRESS	A.	
NAME (Type)	tan	1069/	endra-	Tue 21278
Kobert H, ILE	HEV M.D.	600 came	racon 1	M. 414 40
24A. BURIAL CREMATION, 24B. DATE 24C.NA REMOVAL (Specify)	AME of CEMETERY of CRE	MATORY 24D. LO	OCATION (C	ty, town, or county) (Stote)
Burial 1-5-68 Loud	don Park Cem.	Ba	lto., Md.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME C	OF REGISTRAR	UI to Bunera	Directors	, 4101 Edmondson Av
1AN 5 1968 A D RE	Forbers 4			
VS 150-REV. 1/1/65		Balto., Md.	K IKAT	



88	00074	
JU	OOONE	

BALTIMORE CITY HEALTH DEPARTMENT

			68	0007	4 CERTIFICA	TE OF D	FATH	REG. NO		00042
	TH NO.				CERTIFICA	11 01 0				
	AME OF DECI		41A (SOPHIA	E) DAUG	3		HOUR OF DEATH		535a.
3. 1	PLACE IN BALT	IMORE, MARYL				4. USUAL RESI	B. COUNT	e deceosed lived. If in	stitution; resi	dence before admission)
	LL NAME OF	(IF NOT IN	HOSPITA	L OR INSTITU	TON, GIVE STREET	NIAK	ZYLANZ		-0)
INS	SPITAL OR	ADDRESS			, ,	C. CITY OR TOV	VN	D. INSI	DE CITY LIM	fis?
2	FAG	ENIMA)	No	RSING	HOME		MORE		YES 🔀	NO 🗌
0	nog.	20001				E. STREET AND			1	
						116	N. M	PONTFORD	AV	E,
5. S	EX	6. RACE		7. MARRIED	NEVER MARRIED	B. DATE OF BIR	TH	ost birthdoy)	If Under 1	Yr. If Under 24 Hrs.
	F	w		WIDOWED	DIVORCED _	11-2-1	879	88		
				OB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreig	gn country)	12. CITIZE	N OF WHAT COUNTRY
don	1/	vorking life, even i	if retired)	110	ME	C	ERMA.	47~	6	1.5.A.
13.	FATHER'S NAM	EWIFE		//0/	772	14. MOTHER'S				
13.	1		/				-			
	1100	REW 1	CIN	D		N	PARGA.	RET		
Yes	Was Deceased s, no or unknown)	Ever in U. S. A	rmed Force or or dotes	es? of service)	SECURITY NO.	ALLO EL		Fevre - 716		ontford live
-	1B. 110	u.	_		CAUSE OF DEAT	in our	77	0	/	APPROXIMATE INTERVAL
	70	E OR CONDIT	ION DIN	CTLV	Co	rdio - r	und.	voseulan	BE.	TWEEN ONSET AND DEATH
		LEADING TO		ECILY		is were				Syrs.
	(This does n	ol meon the r	node of	dying, e.g.,	(A) IMMEDIATE CAL	SE A CONSEQUENCE	OF-			
		asthenia, etc. i plication which								
		ANTECEDENT		4 6 6 11 11 11			-40			
					(B)	A CONSEQUENC				
		R CONDITION above caus			DUE TO, OR AS	A CONSEQUENC	E OF:			
		CONDITION		aloning inc	(c)					
	442X	- 11			-0 -		0 -	ed arteris		2
N O		ICANT CONDITIO			seculary,	severe ge	mary	10 access	,	
ATION		H BUT NOT RELA ONDITION GIVE			scherotes,	du-se	purus	, glower a	·+	
ERTIFIC	19A. DATE OF		98. CONE		VHICH OPERATION	20A. AUTOPS	Y? (Yes or No)	IN CERTIFYING CA	FINDINGS C	ONSIDERED
ERT	0		IVAS TERIT	O KIVIED						
AL CI	OR CONTRIBU	TING CAUSE medical examin	OF	21 B. hometc.)	PLACE OF INJURY (e.g., i e, form, foclory, street, of	fice bldg., INJUR	HERE DID Y OCCUR?	(If In Boltimor	e City, give	exact location)
DIC.	21 D. TIME	(Month) (Doy)		(Hour) 21E.	INJURY OCCURRED	21 F. H4	OW DID INJU	IRY OCCUP?		
MEI	OF INJURY	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1601)		le At Not Whil		0 11 010 11130	JKI OCCOK:		
	(APPROX.)			Wor						
	22. I certify	that (1) (this	haspital)	ottended th	ne deceased from	rept 11	1		ov. 3	1968
	that (I) (we)	tost sow the	deceosed	olive on	Jan. Y	19 6 8	and the	of in (my) (over opi	nian deoth	occurred on the dat
) (We) (did) (did not) v					
	23A. SIGNATU		303 31010		/ () (did) (did iloi) (tew the body o	THE GEGINS		23B, DATE	SIGNED
		PA	1-1	0	Atte		led.	Staff	1/51	69
	DOC BUILDING	7.00	ource	ef	GEGREE Phy	23D, ADDRESS	irector 🗀	Phys. L.	1 1/1/	• 4
	23C. PHYSICIA NAME (T)	ype) L.C.	Dob	ihal.		447 L	4. Keun	oud an.	Buto	- 2ud m.
244	BURIAL CREA	MATION, 24B.	DATE	24C. N.A	ME of CEMETERY of CRI	MATORY	24D. LC	CATION (C)	ty, town, or	county) (Stote)
	REMOVAL (S	pecify)	, ,	0 2	DITIMO - C.	METERY		BALTO, NI		
25 A	DATE REC'D	BY HEALTH DE	6-6	25B. NAME O			AL DIRECTOR	VACIO, 12.1.	0	ADDRESS A
234	JA	N 5 196	18 B	Contract &	Jake HA	HAZ	1. AL	1 2334	leffe	so ST.

VS 150-REV. 1/1/6B

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased owas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
leceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO.	00	8 UUUN	CERTIFICA	TE OF DEATH	Registered N	68 00075
M.E. CASE N 1. NAME OF (Type or Print)	DECEASED		CERTITION	2. DATE AN	D HOUR OF DEA	тн
	Ida Ci			EOR	1/1/6	68 11:20A
. PLACE OF	DEATH IN BALTIMORE, M	ARYLAND		4. USUAL RESIDENCE (When	e deceased lived, t	If institution; residence before odmission
FULL NAM	AE OF (If not in hospito	ol or institution.	give street	Maryland		
HOSPITAL	OR oddress or locoti		9	C. CITY OR TOWN (If out	side city limits, wri	te RURAL and give township)
				Baltimore,		1000
7	Provide	nt Hospi	tal, Inc.	D. STREET ADDRESS (II	rurol, give location)	•
		1		1031 N. Str	OKER) -
- SEX	6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
Femal		Ma	arried	AU0 28	20	
		ork 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
. 1	est of working life, even if retired)	At H	me	LUMBENTON	N.C	U.SE
3. FATHER'S				14. MOTHER'S MAIDEN NAM		0, 000
	RNEST C	/		/		
				VIOLA		
Yes, no or unki	ased Ever in U. S. Armed For nown) (If yes, give wor or do	orces? otes of service)	SECURITY NO.	17. INFORMANT		ADDRESS
NO				JOHN GRESHA.	m1031N	STRICKER ST
18.	37,91		CAUSE O	FDEATH		INTERVAL BETWEEN
DI	SEASE OR CONDITION D	DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH		(A) Ma	voive harmorr	hae of R	1
heart fail	es not mean the made a lure, asthenia, etc. It mean	al dying, e.g.,	DUE TO	cereli	rum.	00 000 000 000 000 000 000 000 000 000
	camplication which cause					
	ANTECEDENT CAUSE		110			
	Atticoppent onoge	£2	DUE TO	formed legic	hest c/	DEVENC
DISEASE	S OR CONDITIONS, if		DUE TO	leural celheri	ws Z At	20Vercl electanis
rise la	S OR CONDITIONS, if the above cause (A)	any, giving	DUE TO	formed left content acthering	ins Z Ati	electan's
rise la	S OR CONDITIONS, if the above cause (A) YING CONDITION last.	any, giving	DUE TO	pleural achemicate julmo han	ins & Ati	electanis Rt Ung
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rise la UNDERL	S OR CONDITIONS, if the above cause (A) YING CONDITION last.	any, giving any, giving because the contribution of the contributi	(C)	formed left colored solvenia	MEDERAL	electario Rt Ung
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rise la UNDERL	S OR CONDITIONS, if the above cause (A) YING CONDITION Iast. 11 IGNIFICANT CONDITIONS E DEATH BUT NOT REL OR CONDITION CAUSING E OF OPERATION [198. CO	CONTRIBUTING LATED TO TH	(C)	ate pulmo han	20B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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2SA. DATE REC'D SY HEALTH DEPT.

VS 1S0-REV. 1/1/68

258. NAME OF REGISTRAR

y (5) Deceased

death.

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2SC. FUNERAL DIRECTOR

Wm. Cook-Brooks West Inc. Balt., Md.

6212 Balt Poke

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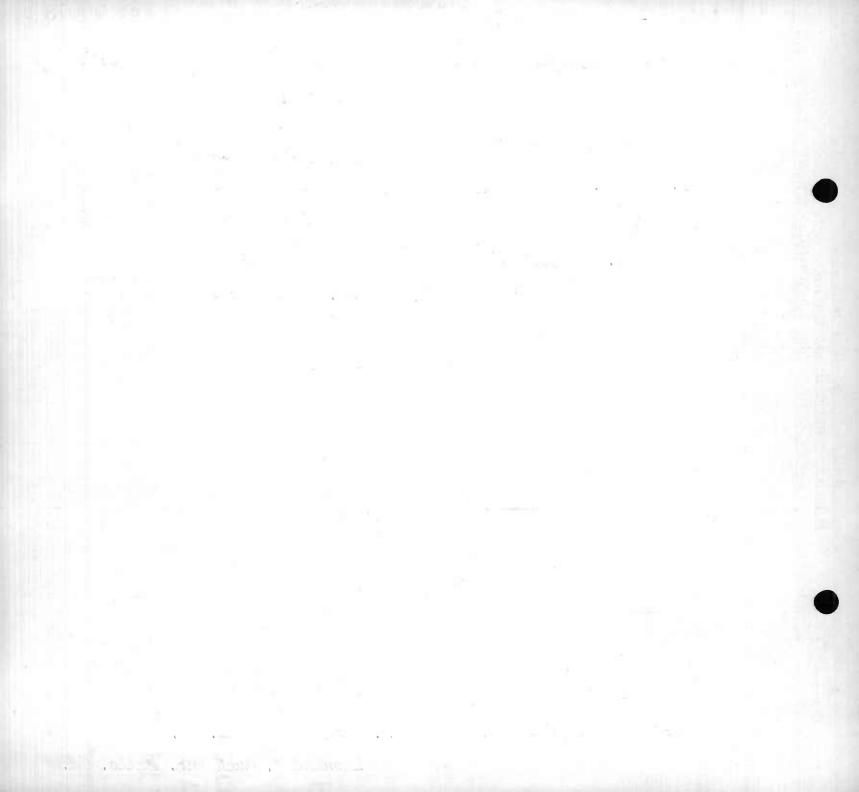
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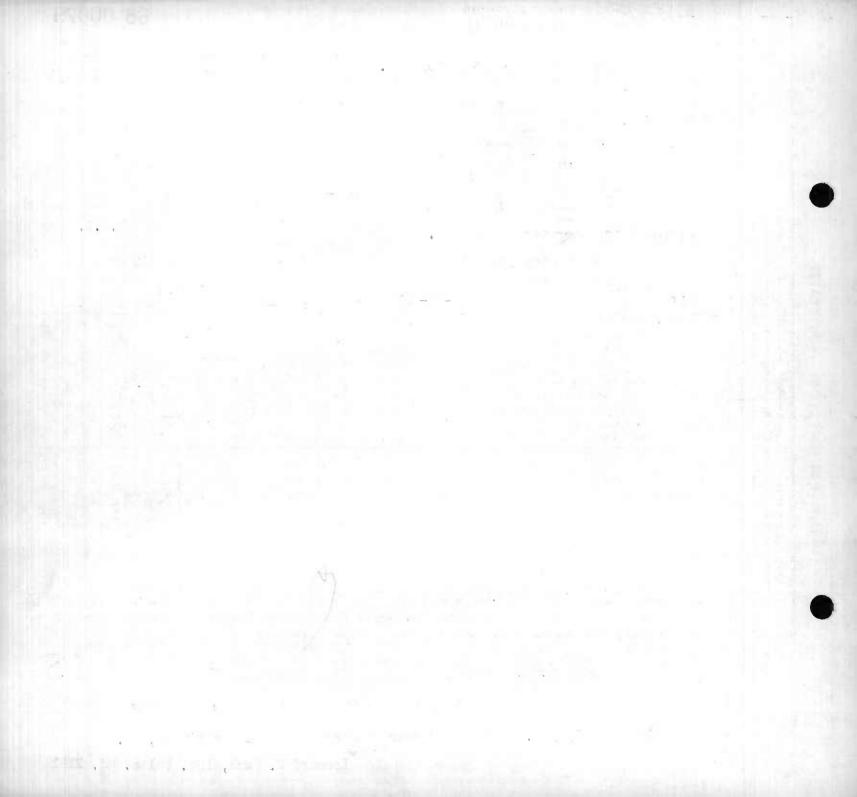
William market

FUNERAL DIRECTOR: IMPORTANT

J-525 68 000:	70	HEALTH DEPARTMENT		68 00078
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	
NAME OF DECEASED Type or Print) Pearl Elizabeth	Jenkins		68	8:20 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUN Maryland	e deceosed lived. If ins TY	stitution; residence before admission
INSTITUTION		Baltimore	D. INSI	VES NO NO
0 4307 Glenarm Ro	Pad 	4307 Glenar		26.01
J. W. WIDOW		6/21/1886	9. AGE (In years lost birth (by)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if retired) Housewaye	OF BOSINESS OK INDUSTRA	Maryland	gn country)	12. CITIZEN OF WHAT COUNTRY
Richard T. Christo	pher	Anna Bleic		
S. Wos Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service NO)	e) 16. SOCIAL SECURITY NO.	Mrs. Annette	Hooper S	Same
18. DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	Harmbonis		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying, a heart failure, asthenia, etc. It means the disectinjury or complication which caused death.)	ise,	Scler oris, guer	ulized	20 crews
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, givenise to the above cause (A) stating UNDERLYING CONDITION lost.	ing (B) DUE TO, OR AS	A CONSEQUENCE OF:		
332 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
198. CONDITION FOWAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE F IN CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If In Boltimore	e City, give exoct location)
_	21E. INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (I) (this hospitel) attended that (I) (we) last saw the deceased alive of	7		19 54 ta at in(my) (our) opin	July 3 1968
and hour and from the causes stated above	•	iew the body after death.		23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) ADAM G Si	DEGREE Phy	Med. Director 23D. ADDRESS 6232 BELAIA	Shoff Phys. D	BALTO. M
24A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CRI	MATORY 24D. LO		y, town, or county) (State)
	TO PREGISTRAR	Leonard J. 1		Balto. Md.
/S 150-REV. 1/1/6B				

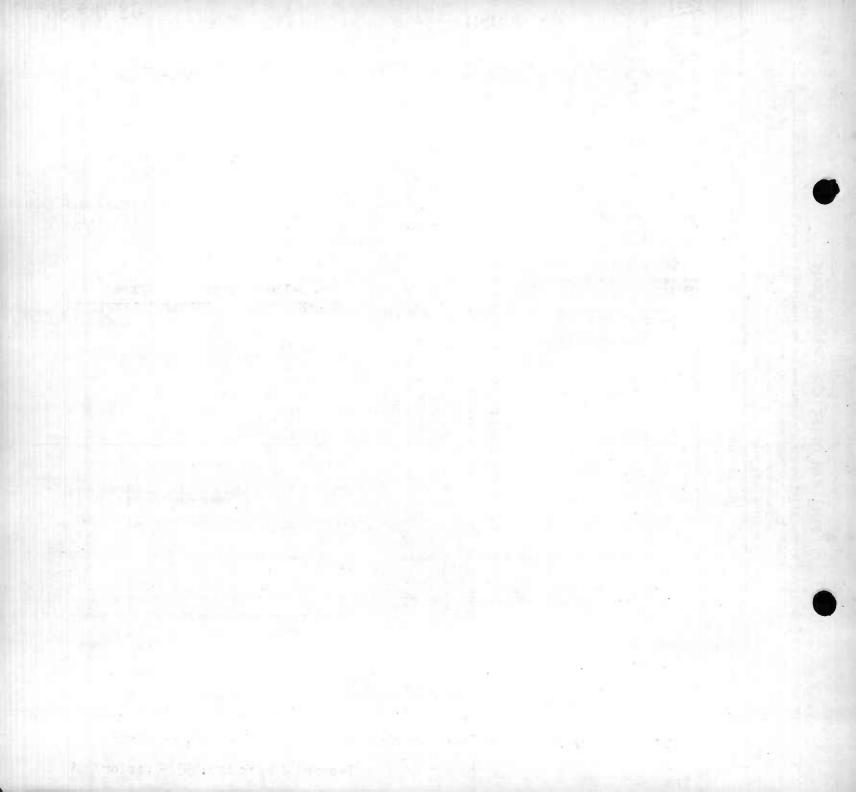


VS 150-REV. 1/1/6B



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such		
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DXe	3) A	3	ם	are	
10) /51	ciar	as i	the obtained before the remains are embalmed or final disposition is made.	
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B-652 CO COOCO BALTIMORE CI	Y HEALTH DEPARTMENT		68 00080
BIRTH NO. 68 00080 CERTIFICA	ATE OF DEATH	REG. NO.	00 00000
1. NAME OF DECEASED	2. DATE AND	HOUR OF DEATH	
(Type or Print) ALBERT CHARLES BRUNS	ZAPUY	ARY Y I	9681 1:00 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceased lived. If in	stitution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAN	J D	27-11
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN		DE CITY LIMITS?
	BALTIMORE		YES X NO
FRANKLIN SQUARE HOSPITAL	E. STREET AND NUMBER		
		NWAJ3	AVE.
S. SEX 6. RACE 7. MARRIED NEVER MARRIED	los	AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
MIDOWED DIVORCED		59	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI	IY 11. BIRTHPLACE (State or foreign	cauntry)	12. CITIZEN OF WHAT COUNTRY
USED CARS	MARYLAND		USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
ALBERT BRUNS	BARBARA	E188N 9	RICH
S. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT		ADDRESS
Yes, no of unknown) (If yes, give war at dotes of service) SECURITY NO. UNKNOWN	Mrs Helen F	Bruns	Same
18. 4. 5 / 9 CAUSE OF DEA	FRANCOCCOCCOCC	000000000000000000000000000000000000000	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH
LEADING TO DEATH	CVA		
(This does not meen the mode of dying, e.g., Q)IMMEDIATE C.	S A CONSEQUENCE OF:		
heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	o A CONSEQUENCE OF		
ANTECEDENT CAUSES (B)	S A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR A	S A CONSEQUENCE OF:		
UNDERLYING CONDITION losi. (C)		*************************	
331X II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			
T DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
U 21A. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE OF INJURY (e.g. or CONTRIBUTING ☐ CAUSE OF DEATH (notify medicol exominer) ▼ DEATH (notify medicol exominer)	office bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUP?	
OF INJURY (APPROX.) While At Not WI		TO COM.	
Work L At Wor	k 🗀		
22. I certify that (1) (this haspital) attended the deceased fram	13-30 19	67 to	19.68
that (I) (we) last saw the deceased alive an 1-4-	19 6 8 and that	in(my) (our) opin	nion death occurred an the dot
and haur and fram the causes stated above. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE			23B. DATE SIGNED
M. Ber All Lines A	tending Med. Sk bys. Director Ph	off Dys.	82-1-1
23C. PHYSICHAN'S	ys. Director Ph	198.	1 (- 0
NAME (Type) RAMP = 1 1/2 / LINA		munne 1	+OSPITAL
14A. BURIAL CREMATION, 124B. DATE 124C. NAME at CEMETERY at C	E		
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOC	AIION (Cit	ty, town, or county) (State)
Burial 1/8/68 Moreland Memoria	l Park Bal	timore, Man	ryland
25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
1300 Clobelo E, Jailey MA	Leonard J Ruck	Inc. 5305	Harford Rd
10.200			



1-4	7 7	,	BALTIMORE CITY	HEALTH DEPARTMENT	12	20 00004
	68	00083	CERTIFICA	TE OF DEATH	REG. NO	68 00081
1. NAME OF					ID HOUR OF DEATH	
(Type or Print)	ROSA ROSE IXXXXXXXX	I Ingio	o i			6 P
3. PLACE IN	BALTIMORE MARYLAND W			4. USUAL RESIDENCE (Whe	2, 1968	nstitution: residence befare admission)
CERT	IFICATE	AME	NI)LD	A. STATE B. COUN		
HOSPITAL OF	ADDRESS OR LOC	AT OK INSTITU	1-23-68	XXXXXXXXXX Pen	nsylvania,P	hiladelphia
NOITUTITZNI			1-2)-00	C. CITY OR TOWN		IDE CITY LIMITS?
2	6214 Carbore	-		Baylyingse Phi E. STREET AND NUMBER	ladelphia	YES X NO
	Baltimore, Mo			B. DATE OF BIRTH		Harley Ave.
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	June 1892	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Female	Caucasian	WIDOWED	DIVORCED _	XXX. 6, 1891 11. BIRTHPLACE (Stote or fore	76- 75	
done during mo	CCUPATION (Give kind of works of working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
	sewife	1000		Italy		U.S.A.
13. FATHER'S	NAME Paggiele	Mantuagi		14. MOTHER'S MAIDEN NA	ME	
-2-V	Pasquale incent (2) Mat	ucci_		-2- Frolini	Domenica	
			1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unkr	used Ever in U.S. Armed For nown) (If yes, give wor or dote	es of service)	SECURITY NO.			hila. Pa.
No			164-07-8644			20 Christian St.
18.	82 XI		CAUSE OF DEATH	ochr. Neplu	ha	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DI	SEASE OR CONDITION DI LEADING TO DEATH	RECTLY	Ľ,	chr. Neglu Deirendity or 553) Content sel	rotulesup	2.
(This do	es not mean the made of	dvina e.a	(A) IMMEDIATE CAU	S63) Cartain sele	wit - head	Sterren
heart fail	ure, asthenia, etc. II means	the disease,	DUE TO, OR AS A	A CONSEQUENCE OF:		
injury ar	camplication which caused					
	ANTECEDENT CAUSES		(B)			
	S OR CONDITIONS, if the above cause (A)		DUE TO, OR AS	A CONSEQUENCE OF:		
	YING CONDITION last.		(c)			
592	× II					
	SNIFICANT CONDITIONS CO					
A DISEASE	DEATH BUT NOT RELATED TO T OR CONDITION GIVEN IN PAR	RT 1 (A).				
19A.DAT	OF OPERATION 198. CON	FORMED	VHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACC	IDENT WAS UNDERLYING	21 B,	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Baltimo	re City, give exact location)
	otify medical examiner	etc.)	e, ionii, iocioty, sheet, or	ince biogr, inspect occor.		
21 D. TIME		(Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJUS	Υ	Whi	le At Not While			
		Wor	k L At Work			
22. I cer	tify that (1) (th is haspita	t) ottended th	ne deceased from		1967 10 /	1968
thot (1) (we) lost sow the decease	ed olive on		19 66 ond th	of in (my) (607) op	inion deoth occurred on the dote
ond hour	and from the couses sto	ted obove. (I)) (We) (did) (did not) v	iew the body ofter deoth.		
23A. SIGN	ATURE /2 /	-	- 1/1			23B. DATE SIGNED
9	DO 4 6	1/5	711 (80 - Atter	Med. Director	Staff Phys.	1/3/68
23Q PHYS		NO -	DEGREE	3D. ADDRESS	, 3.	11100
NAN	E (Type)	10-0-	11.0,	3508 Ban	1. 51-13	1/2 20 21224
24A. BURIAL	CREMATION, 24B, DATE	INER/	ME of CEMETERY OF CRE	10000	OCATION (C	ity town or county)
	AL (Specify)	240. NA	TIVE OF CENTETERS OF CRE	24D. L	CATION	ity, town, or county) (Stote)
Burial	1/6/68	Ho1	y Cross Cemet	ery Yea	adon, Del.	Co. Pa.
	C'D BY HEALTH DEPT.	258. NAME O	FREGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JAN						
	0 1300 OCOGE	DE. 40	wheyrou	Wm. Cook-Broo	oks, Inc. 1	217 St. Paul St.

Letter from daughter, Mrs. Josephine Pellegrino 949 Springfield Road Darby, Penna. 1-23-68 M.H. Approved by S.M.N.

	DE OF DECE						ND HOUR OF DEA	ATH	
		CATHERI	INE E.	APPEL			2/68		
3. P	PLACE IN BALT	IMORE, MARYLAND,	, WHERE PRON	OUNCED DEAD	A. STATE	B. COU	nere deceased lived.	If institution: residenc	e before odn
FUL	LL NAME OF	(IF NOT IN HOS	SPITAL OR INST	ITUTION, GIVE STREET	Mar	y1and	Baltimore	e City	
HO	SPITAL OR	ADDRESS OR LO	OCATION)		C. CITY OF			INSIDE CITY LIMITS?	
					Bal	timore		YES 🔀	NO 🗌
00	Gould C	onvalesar	rium		E. STREET	AND NUMBER		21	
		lair Road			42	20 Whit	e Avenue	010	
S. S		6. RACE		NEVER MARRIED	B. DATE OF	BIRTH	9. AGE (In years	If Under 1 Yr.	If Under 2
	_	Villa i to	WIDOWE		12/7	/1880	87	Months Doys	Hours
10A.	USUAL OCCU	White		OF BUSINESS OR INDUSTR			reign country)	12. CITIZEN OI	WHAT CO
done	 during most of w 	vorking tife, even if retire	od)						
	at hon					Marylan		USA	
13. F	FATHER'S NAM	A E			14. MOTH	ER'S MAIDEN NA	AME		
	lames	Towsend			1 1	zzie Ha	rker		
15. V	Wos Deceosed	Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORM			ADDR	RESS
		(If yes, give wor or o	aores of service)	220 24 57	034	famil	V		
	no			CAUSE OF DEA		i diri i	,		OXIMATE INTE
	injury or com	osthenio, etc. It med plicotion which cous INTECEDENT CAUS R CONDITIONS,	sed deoth.) SES	(B)	S A CONSEQ	ENCE OF:			
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icanin of the bush a Make. 1/2/68 From L. Warren

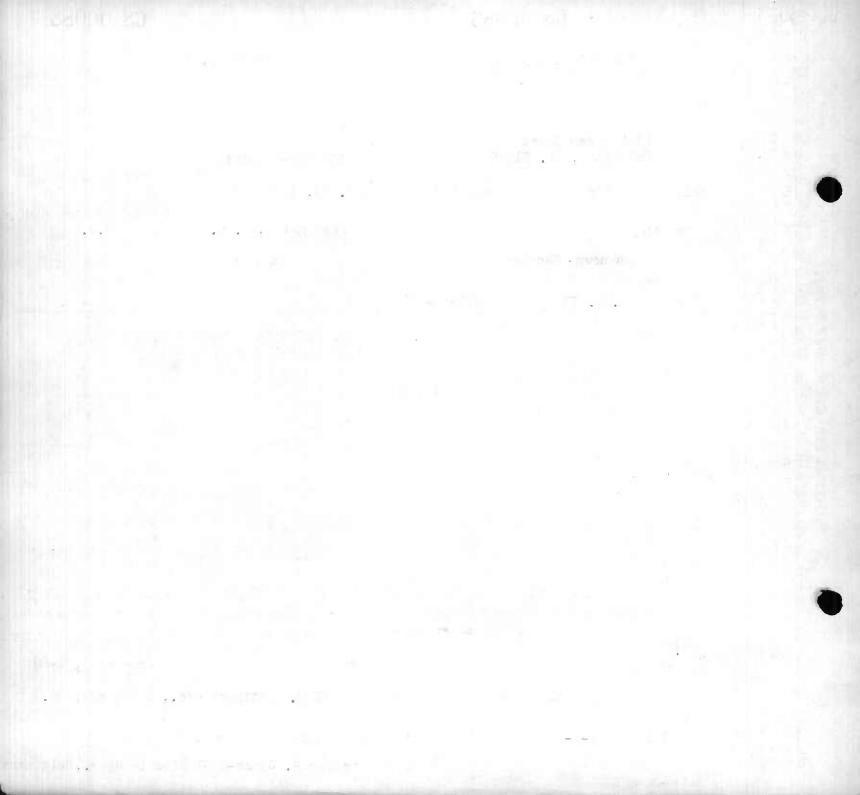
ype or Print)	LEO THOMAS	NACHMAN		ary 3, 196	
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where A. STATE B. COUNT		nstitution: residence before admissi
FULL NAME O		or institution, give street	Maryland C. CITY OR TOWN (If guts	ide city limits, write	RURAL opdagive Newnship)
NOITUTION	307 Handen Co.		Baltimere	iral, give location)	25.05
	1107 Hyden Cou Baltimore, Md.		4107 Hyden Co		
sex Male	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 H Manths Days Hours Min.
		married 108. KIND OF BUSINESS OR INDUSTRY	Dec. 25, 1908	59	12. CITIZEN OF
	warking life, even if retired)				WHAT COUNTRY?
SCAMAI FATHER'S NA			Washington,		U.S.
	unknown Na	ehman	unkne		
. Was Deceased as, no ar unknaw Yes	d Ever in U. S. Armed For n) (If yes, give war ar date W. W. II	s of service) 16. SOCIAL SECURITY NO. 577-18-1261	17. INFORMANT		ADDRESS
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VS 150-REV. 1/1/65

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25B. NAME OF REGISTRAR

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George J. Gence-4001 Ritchie Hgwy., Baltimere

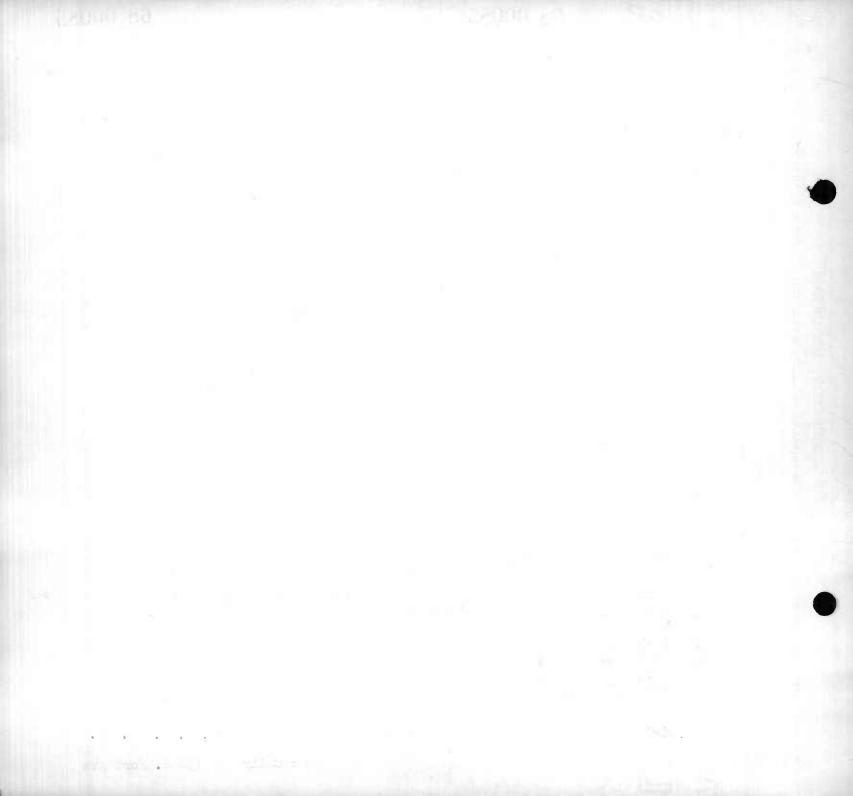


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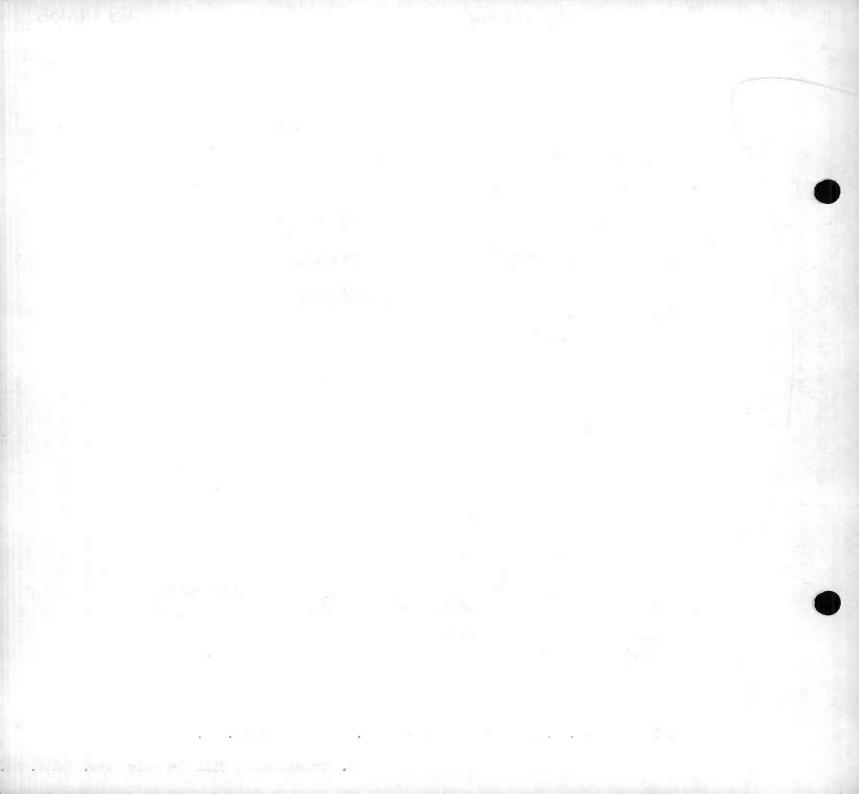
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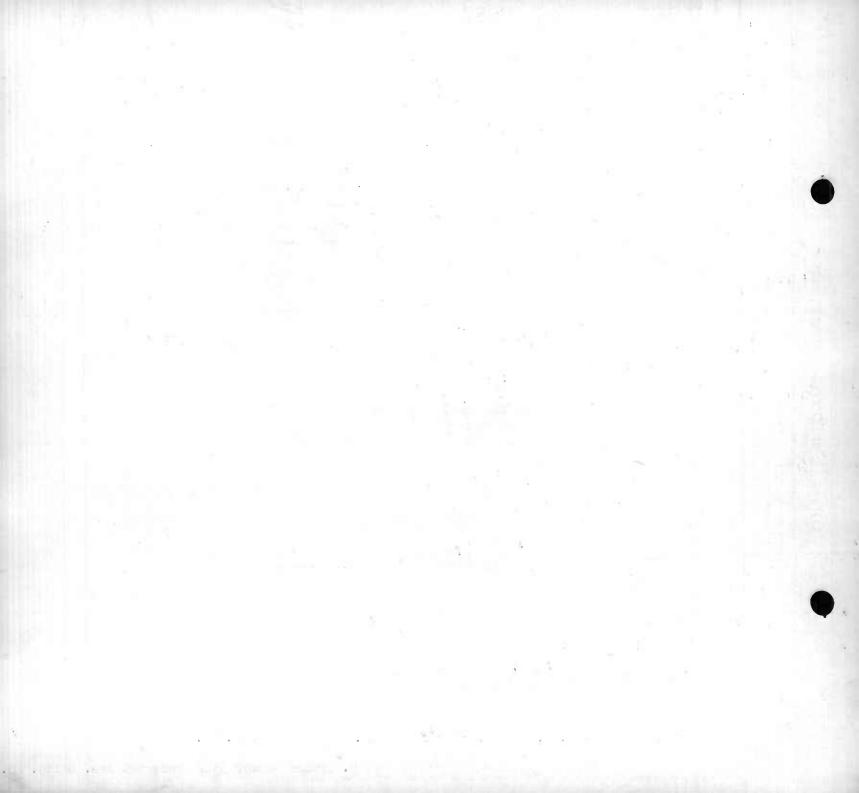
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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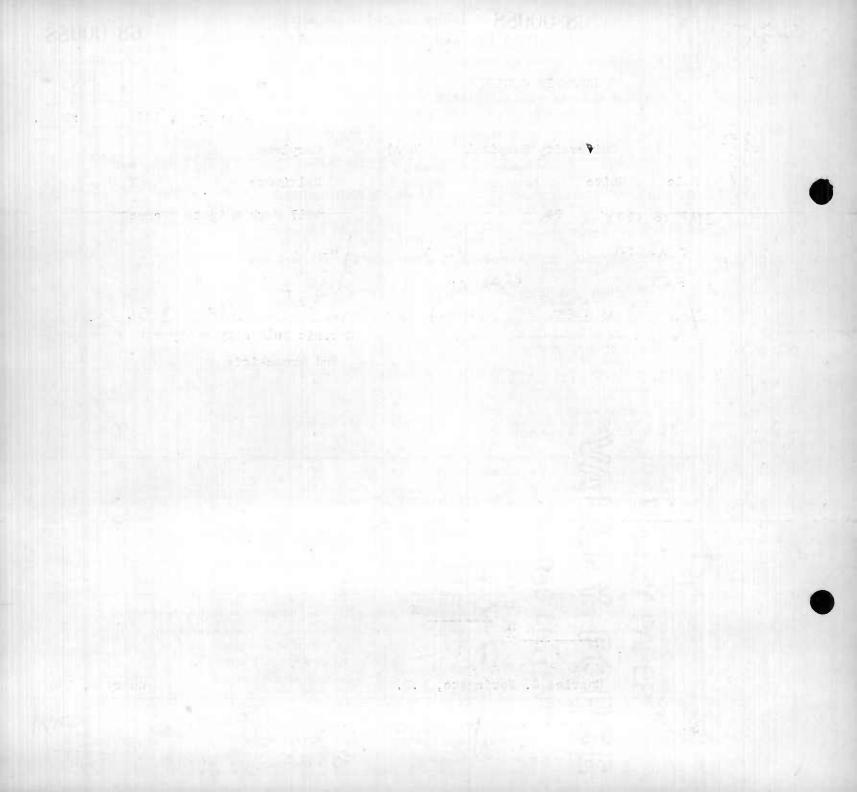
BIRTH NO. 68	00086 CERTIFICA	TE OF DEATH	Registered No.	68 00086	
I, NAME OF DECEASED	TTITI	2. DATE AN	D HOUR OF DEATH	3:251	
PLACE OF DEATH IN BALTIMORE MARYL	(169			A.	
S. PLACE OF DEATH IN BALLIMORE, MARTE	AND	IA. STATE B. COUN	TY	stitution: rosidenco beforo odmissio	
FULL NAME OF ()f not in hospital or in HOSPITAL OR address or location)	stitution, give street	MARYC	AND		
INSTITUTION		C. CITY OR TOWN (If out	URAL and give (Waship)		
0		D. STREET ADDRESS (III	// 0		
FRANKLIN SQU		35/5.	STRICK		
MW	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	7-11-01	9. AGE (In years lost birthdown	If Under 1 Yr. If Under 24 H Months Doys Hours Min.	
0A. USUAL OCCUPATION (Give kind of work 10B one during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	PLANUSYL V.		12. CITIZEN OF WHAT COUNTRY?	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
CLARENCE 077	EY	MARIE	uc DON.	0464	
5. Was Deceased Ever in U. S. Armad Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
Yes, no or unknown) (If yes, give wor or dotes of	service) SECURITY NO.	FRANKLIN	SQUME	to spi TAL	
18.451XI	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH	
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(This does not mean the made of dy	ng. e.g., DUE TO	1 www.	1 1 1	- men	
heart failure, asthenia, etc. It means the	disease,				
injury or complication which caused dec		,			
ANTECEDENT CAUSES	DUE TO	~~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	8 8 977 8 80 8 4 0 8 8 7 7 8 9 9 9 8 9 7 7 8 9 9 7 7 8 9 9 7 9 8 9 9 9 9		
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UNDERLYING CONDITION last.	ling lhe (C)				
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED	TRIBUTING Buone	hiertasi		+ 3 mas ?	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION WAS PERFOR!	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	()f in Boltimore	City, give exact location)	
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, or	ffice bldg., INJURY OCCUR?			
21D. TIME (Month) (Doy) (Yeor) (H	lour) 21 E. INJURY OCCURRED	21F. HOW DID INJ	IIIN OCCUPS	•	
OF INJURY	While At Not While		OKI OCCOR:		
(APPROX)	Work At Work				
22. I certify that (I) (this hospital) of	tended the deceased from DC	26. 20	1967 10 VAI	Ve 2 19,60	
that (1) (we) last sow the deceased o	live an JAG. 2	19 65 ond th	ot in (my) (our) opin	gion death occurred on the d	
and hour and fram the couses stated	obove. (I) (We) (did) (did not) v	view the bady ofter deoth.			
23A. SIGNATURE	1		5. " —	23B, DATE SIGNED	
Tullen V	- Flery M.D. Atte	ending Med. Director	Stoff Phys.	1-68	
23 C. PHYSICIAN'S NAME (Type)	LUNA M.D.	PRANKLIN	SQUARE	- Hospim	
4A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. Le	OCATION (Cit	ly, town, or county) State	
REMOVAL (Specify)	OSO New Cathodres C	lom	1+o Ma		
	968 New Cathedral (25C. FUNERAL DIRECTOR	lto. Md.	ADDRESS	
JAN W AGAG A	MAINE OF REGISTRAR		1		
1968 (12.0.	To E STANKARA	G. Truman Sch	wad JOLZ Fre	derick Ave. Balto.	
\$ 150-REV. 1/1/65					





68 00088 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 68 00088

NAME OF DEC				2. DATE	Known 🗌	Month	Doy	Yeor	Hour	
BENJAMIN GOLDEN			DEATH	Estimoted					М.	
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			3. DATE		Month	Doy	Yeor	Hour		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) DE INSTITUTION					INCED DEAD	Januar		68	6:10	A. _M
			4. 4. (70.1)	A. STATE	SIDENCE (When		ed. If institution B. COUNTY	residence t	efore odmis	ion)
		csity Hos	, ,		Maryland			41	13 21	get the same
S. SEX	7. RACE	8. MARE	IED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	LA FIWIAZS		need
Male	White	WIDOV	VED DIVORCED		Baltimor	e	YE	s X	No 🗌	
DATE OF BIRTH		AGE (In years of birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	E. STREET A	ND NUMBER					
					4017 Park Heights Avenue					
1. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					SNAME					
Russ	19		US a	Tac	ole					
4A.USUAL OCCUP	ATION (Give kin	d of work 14B. KINE	OF BUSINESS OR INDUSTR			ME				
one during most of w	orking life, even if	(Fertired)	00045	X						
6. WAS DECEASE	D EVER IN U.S.			18. INFORM	ANT		14	DRESS		
Yes, no or unknown)	(If yes, give wor	or dotes of service	SECURITY NO.	~	-0	VO	7	- CRESS	1	
ter	Ww	I	213-34-4210		Florence	1 stell	200	Sam	2	
1.4.9	/ X 1		CAUSE OF DEA	Chr	onic pulm	onary e	mphysem		PROXIMATE IN	
DISEASE	OR CONDITIO	N DIRECTLY		OILL	onic pain	ondry c	.mpiry sen	ici.		
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(This does no	t meon the mod	de of dying, e.g.,	(A) IMMEDIATE O	AS A CONSEO		1010				
	osthenio, etc. It n plication which co	neons the disease, bused deoth.)								
	ITECEDENT CAL		(B)				*****			
DISEASES O	AROVE CAUSE	S, IF ANY, GIVING (A) STATING THE	DUE TO, OR	AS A CONSEC	UENCE OF:					
UNDERLYIN	G CONDITION	LAST.	(C)							
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▼ OTHER SIGNI		IONS CONTRIBU	TING							
O THE DEA	TH BUT NOT REL	ATED TO THE TERM	INAL							
		EN IN PART 1 (A)	FOR WHICH OPERATION W	AC DEDECORA	FD.			In AUTO	DCVO /Var a	a NIa
O O	OI EKAHOIY 2	oo. COMDINOM	FOR WHICH OFERALION W	AS PERFORMED 21				21. AU10	. AUTOPSY? (Yes or No)	
_								No		
UNDERLYING	OR CONTRIB		228.PLACE OF INJURY (e.g., home, form, foctory, street, office	in or obout 2 ce bldg., etc.)	C. WHERE DID	(If in Boltimor	e City, give exo	ct locotion)		
22D. TIME (JSE OF DEATH. Month) (Doy)	(Yeor) (Hou	r) 22E.INJURY OCCURRED	2	2F. HOW DID IN	IIIIDV OCCI	D2			
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(APPROX.)				VORK						
23.			¬							
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resulte	ed from: Notu	rol couses X	Accident Suici	de 📙 Ho	micide	Undetermin	ed monner			
	01	00			HIEF MEDICAL	EXAMINER				
ACTUAL	-	17:		ASSI	TANT MEDICAL	EXAMINER	X		DATE SIGN	IED
EXAMINE	RE LUS		M.C							
NAME (Ty	unar	les S. Sp	ringate, M.D.	A550	CIATE MEDICAL	EXAMINER	□ Ja	nuary	4, 196	58
24A. BURIAL CREM		DATE	24C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, town	, or county)	(Stot	e) .
REMOVAL (Specify			. 1	-		DH		,, ,	-	. 0
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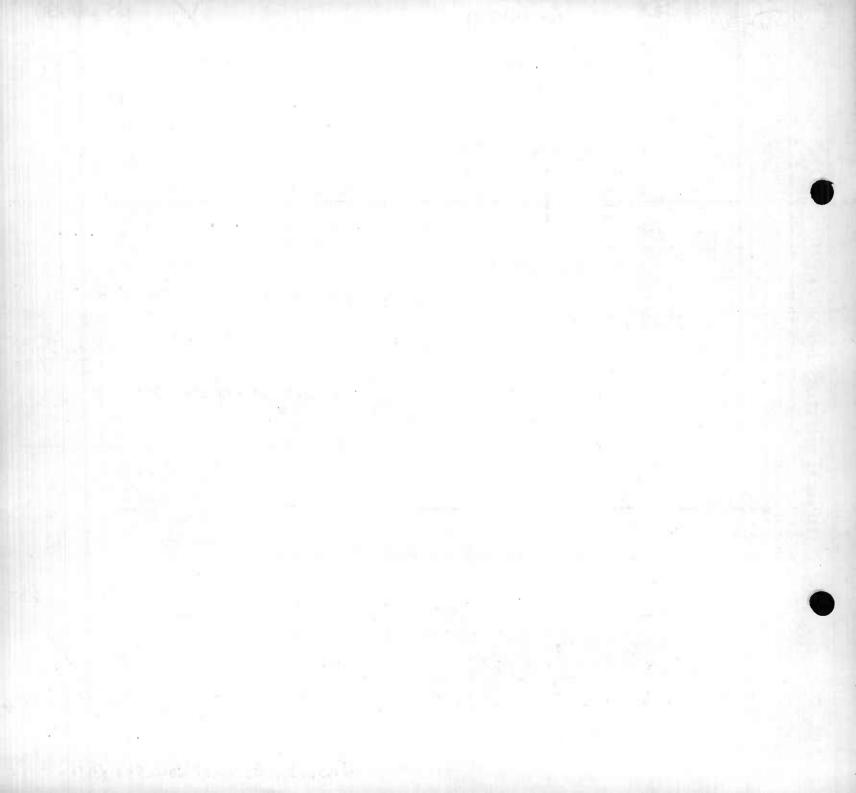
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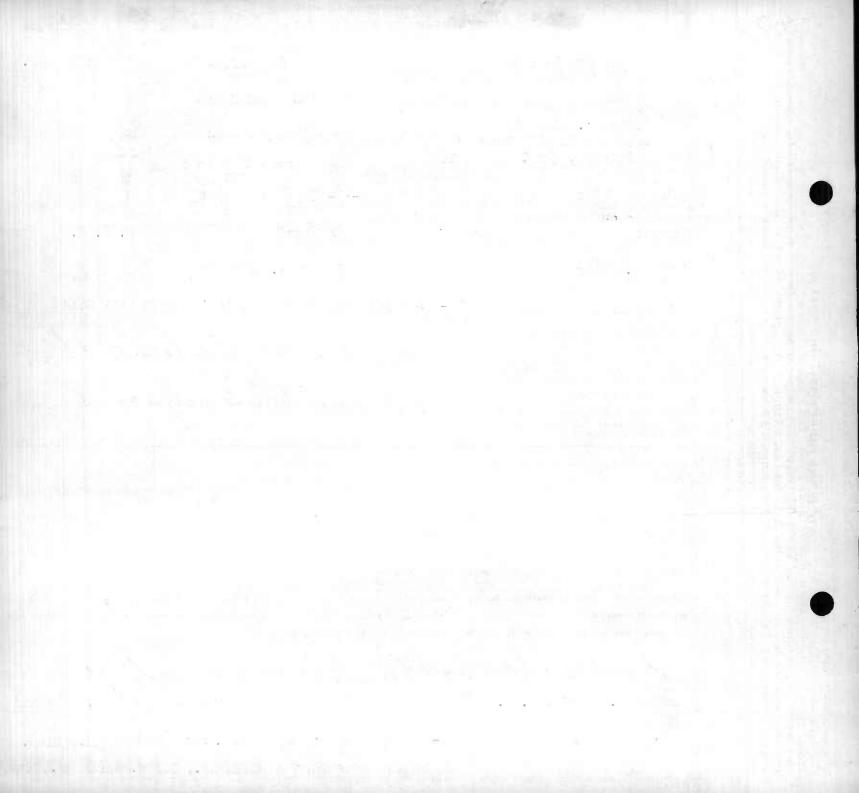
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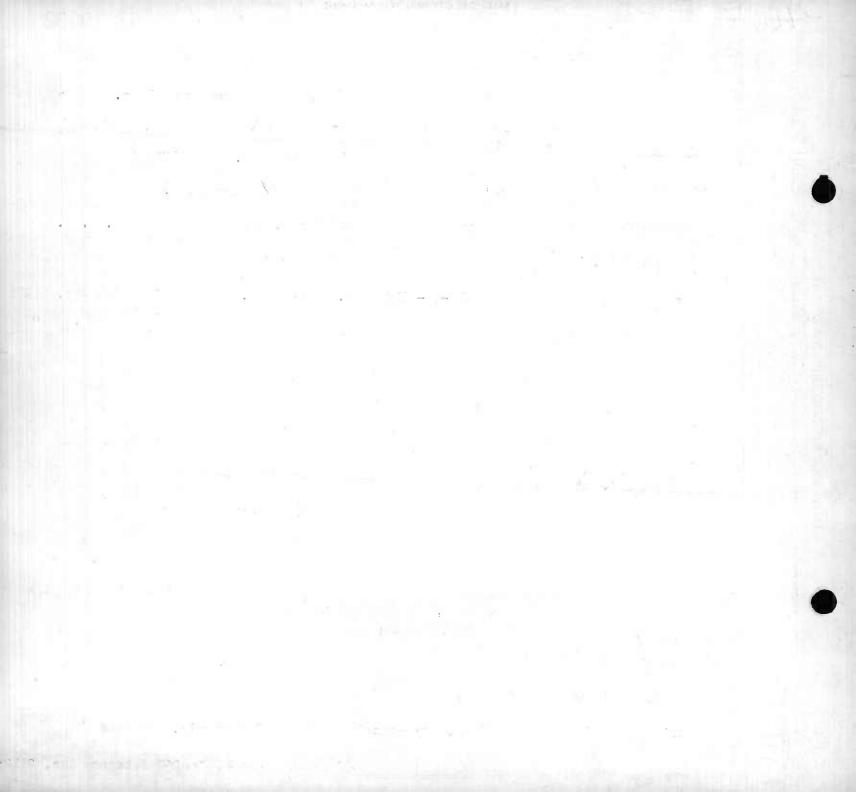
STREAM SERVICES. SELECTIONS OF SHARE

VS 150-REV. 14468





	65 0092		HEALTH DEPARTMENT	REG. NO.	60 0000
	RITH NO. CALVBRT RUTH A	CERTIFICA	TE OF DEATH		00 000%
	NAME OF DECEASED RUTH AUGUSTA CA	ALVERT		10 HOUR OF DEATH	800
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD		re deceased lived. If instit	rution: residence before admission)
FU	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITU	TION, GIVE STREET	MARYLANDS : <	11 11 11 11 11 11 11 11 11 11 11 11 11	mas 21225
	OSPITAL OR ADDRESS OR LOCATION) STITUTION	of Maryland	Brooklyn Park		ES NO A
1	Lutherous Hospoitel	of lary and	E. STREET AND NUMBER		ts E NO E
			B. DATE OF BIRTH		
t	female while WIDOWED	NEVER MARRIED DIVORCED	2-28-19/1	lost birthdoy) 56	If Under 1 Yr. II Under 24 Hrs. Aonths Days Hours Min.
or	A. USUAL OCCUPATION (Give kind of work 108, KIND OF ne during most of working life, even if retired)		Baltimore, Ma		U. S. A.
3.	Housewife No	one	14. MOTHER'S MAIDEN NAM		0, 0,
	August Whistling		Ann Weaver		
S.	Wos Deceosed Ever in U. S. Armed Forces? s,no or unknown) (III yes, give wer or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
9	No	214-48-2314	Mr. Lawrence I	. Calvert 20	06 6th Ave. 2122
	18/80/1	CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		SE Pulmonare	Edema	
	(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A) IMMEDIATE CAL DUE TO, OR AS	A CONSEQUENCE OF:	7	
	injury ar camplication which coused deoth.)	0	1. 1.1		
	DISEASES OR CONDITIONS, if any, giving	(B) OR AS	A CONSEQUENCE OF:		
	rise to the obave cause (A) sloting the UNDERLYING CONDITION lost.	Ilen	- resical Listu	la Carei	uma
	171X	(C)	730	9	On4'2
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
ICAT	DISEASE OR CONDITION GIVEN IN PART 1 (A).	HICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES. WERE FIN	DINGS CONSIDERED
ERTIFI	WAS PERFORMED		ues	208. IF YES, WERE FIN IN CERTIFYING CAUSI	ES OF DEATH?
CAL CE	21 A. ACCIDENT WAS UNDERLYING 21 B. OR CONTRIBUTING CAUSE OF Home DEATH (notify medical exeminer)	PLACE OF INJURY (e.g., i e, form, loctory, street, of	n or obout AC. WHERE DID	(If In Boltimore C	ity, give exect location)
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E,	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	(APPROX.) While	Not While	•		
	22. I certify that (I) (this haspital) attended th	e deceased fram		19 67 to /-	- 8 - 1968
	that (I) (we) last saw the deceased alive an	(W \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1) \ (1)		at in(my) (aur) apinio	on death accurred on the date
	and haur and fram the causes stated above (1) 23A. SIGNATURE	(we) (did) (did nat) v	new the bady after death.	/ 2:	38, DATE SIGNED
	lete Ohnolul	Dha	nding Med.	Staff Phys.	1-3-1968
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		,
	ODON CHANACITO	DEGREE			
24/		ME of CEMETERY or CRI		en Burnie, Ma	town, or county) (Stotel
2.5		en Haven Memo			ADDRESS
251	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	FOR ONLY	WC Culletter		Patapsco Ave. 212
S	150-REV. JAN 8 1968 R. J. J. C.	STOLENEUS WAR		~/1	8 1



M-400

68 0093 BALTIMORE CITY HEALTH DEPARTMENT

	MEDICAL EXAMINER'S C	EDTIFICATE OF DEATH	68 0093
BIF	RIHNO.	REG. NO	
1.		2. DATE Known X Month Day OF DEATH Estimoted I January 1, 196	Year Haur 11:00 P. M.
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Yeor Haur
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVESTREET SPITAL ADDRESS OR LOCATION) INSTITUTION	PRONOUNCED DEAD January 1, 5. USUAL RESIDENCE (Where deceased lived. If institution:	1968 11:00 PM
B		A. STATE B. COUNTY	666
4	Johns Hopkins Hospital	XXXXX Maryland	V 1141752 (1-1) 9
0.	SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	LIMITS!
	fale Negro WIDOWED DIVORCED	Baltimore ves	NO L
9.	DATE OF BIRTH 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Manths; Days; Haurs; Min.	E. STREET AND NUMBER	
	4-9-1949 18	1005 E. Oliver Street	
11.	BIRTHPLACE (State ar fareign country) 12. CITIZEN OF	13. FATHER'S NAME	
	Md, what country?	JAMES MALLOY	
dan	.USUAL OCCUPATION (Give kind af work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
	PORTER COLV HOME	KEGINA STEPHAN	D. F.C.C.
(Ye	was deceased ever in U.S. ARMED FORCES? s, no or unknown) (If yes, give war ar dates of service) 17. SOCIAL SECURITY NO.	18. INFORMANT AD	DRESS
_	19. CAUSE OF DEAL	DEGINA MALLOY 1000 CL	APPROXIMATE INTERVAL
	7 7 5 0 1	e during anesthesia for locali	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	soute peritopitic (etiolo	
	(This does not mean the made of dying, e.g., (A)IMMEDIATE C	AUSE A CONSEQUENCE OF:	6) dilde cermined
	heart failure, osthenia, etc. it meons the diseose, injury or complication which caused death.)		
	ANTECEDENT CAUSES (B)		
		AS A CONSEQUENCE OF:	,
7	UNDERLYING CONDITION LAST. (C)		
Õ	E 45-4 X 11		
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	*	
RT	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
	12-26-67 Localized acute peritor	nitis	Yes
EDICAL	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., home, farm, factory, street, office	in ar about 22C. WHERE DID (if in Baltimore City, give exact blidg etc.) INIURY OCCUR?	location)
000	UTING CAUSE OF DEATH. hospital	John Hopkins Hospital	1-03
Σ	22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
-	(APPROX.) 12-26-67 9:40 P. m. WHILE AT WORK	WHILE X Syncope during anesthes	ia ·
	23. I certify that I held on Inquiry Inspection Au	topsy 🗱 ond that on this bosis, death in my o	-inion
			7
	resulted from: Notural couses Accident X Suicid	e	
_	ACTUAL Charles Line	TY7	DATE SIGNED
	SIGNATURE CLASSIC M.D.	_ T	1068
	EXAMINER'S Charles S. Springate, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER Janu	ary 4, 1968
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, toyn,	or county) (State)
RE	MOVAL (Specify)	MEINA DI LAUREL MA	Till ber and the same of
1	DATE PECID BY HEALTH DEDT	TENUT AN PRECIO	DDECC
23	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR AD 1.0 CEPH KALIGHT 16.39 A	BROADWAY
	all a 1900 (11) a 1 C Tropa,	PICOLILI LAAINIII 1001	

VS 151-REV. 1/1/6B

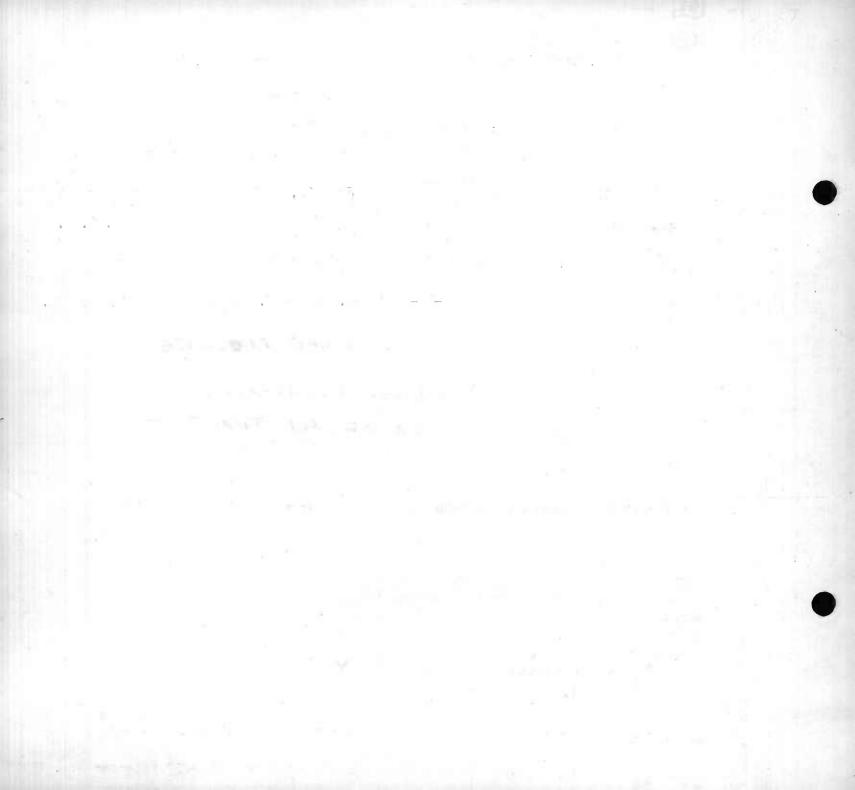
Milandry sous I Of sol

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IMPORTANT

DIRECTOR:

FUNERAL



-	4	6	5	
STANT	sistant if death occurred in a hospital and	the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased	(except where the physician who pronounced death was in regular attendance on the	final disposition is made.
MPOF	r his as	ilso, if of any	tendar	ed or t
FUNERAL DIRECTOR: IMPORTANT	his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and 🕆	he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	vas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the leceased prior to death. Such	vritten approval must be obtained before the remains are embalmed or final disposition is made.

	68 08	BALTIMORE CIT	Y HEALTH DEPARTMENT		
	TH NO.	CERTIFICA	ATE OF DEATH	Registered No.	-68 - 0095
1. N	E CASE NO.	,	2. DATE AN	ID HOUR OF DEATH	1110
	be or Print) EDNAM, C/	ark	/-:	5-68	140 N
	PLACE OF DEATH IN BALTIMORE MARYLAND	MENDED	4. USUAL RESIDENCE (Whe	re deceosed lived. (f in	stitution: residence before admission)
	FULL NAME OF (If not in hospital or institut	ion, give street	Maryland	Balteme	re 22-02
- 1	NSTITUTION	1-17-68	C. CITY OR TOWN (If ou	1 . 1	URAL ond give township)
1	vorth charles Gen	eral Hospita	D. STREET ADDRESS (III	rurol, give location)	15/2rd 15alto M
		0	615 Washingto		0/0/30
. 5	EX 6. RACE (Gulasian 7. MARE	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. (f Under 24 Hrs. Months Doys Hours Min.
7		Marnes (specily)	8-27-1900	(ost birthdoy)	Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 10 B. KIN I		Y 11, BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
on	House in le		A Casa	1:	1250
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	10-017
	ZMenna allerk	-	0,00	to	
. 1	Was Deceased Ever in D. S. Armed Forces? s,no or unknown) ((f yes) give wor or dotes of servi	16, SOCIAL	MINFORMANT	neef	ADDRESS
e :	A I A	SECURITY NO.	in Char	1	
-	18. 2 / SI S.S.#21/1	-21-2159 CAUSE	777-		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	L	1. + 0		ONSET AND DEATH
	LEADING TO DEATH	(A) T/	epalie Con	ua	
	(This daes not meen the mode of dying, heart foilure, osthenia, etc. It meens the dise			- C	0 n 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	injury ar camplication which caused death.)		river Cirr	hosis -	-
	ANTECEDENT CAUSES	DUE TO			
	DISEASES OR CONDITIONS, if any, givenise to the obove cause (A) stating				
	UNDERLYING CONDITION last.		***************************************		
z	581.0				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO	THE			
	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED
ERTIFIC	WAS PERFORMED			IN CERTIFYING CAL	JSES OF DEATH?
U	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	(II in Boltimore	City, give exact location)
CAL	DEATH (notify medical examiner)	etc.)			
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
Σ	(APPROX)	While At Work At Wor			
	22. I certify that (I) (this hospital) attend	I		1967 to 1	- 5 1968
	that (I) (we) last sow the deceased alive	1 5	A 6-	,	nion deoth occurred on the dot
	ond hour and from the couses stated abov				
	23A. SIGNATURE		view ina body offer deom.		23 B. DATE SIGNED
	Flowandela	formed (M.D. A	ttending Med. Director	Stoff Phys.	1-5-68
	23C. PHYSICIAN'S	7000	23D. ADDRESS	A O	11 +0
	NAME (Type) GERMAN DE	LA TORRE M.C	North Cha	rles Tene	ral Hospital
24 A	BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY or C		OCATION (Ci	ly, town, or county) (State)
	REMOVAL (Specily)	Lake City		Lake City, S	
-		ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	JAN 8 1968 A D B-	Q Fallman	2000	01, 73710	Takes (40 # 25
/S	150-REV. 1/1/65	C. NOUSON -	1 3 McC w		

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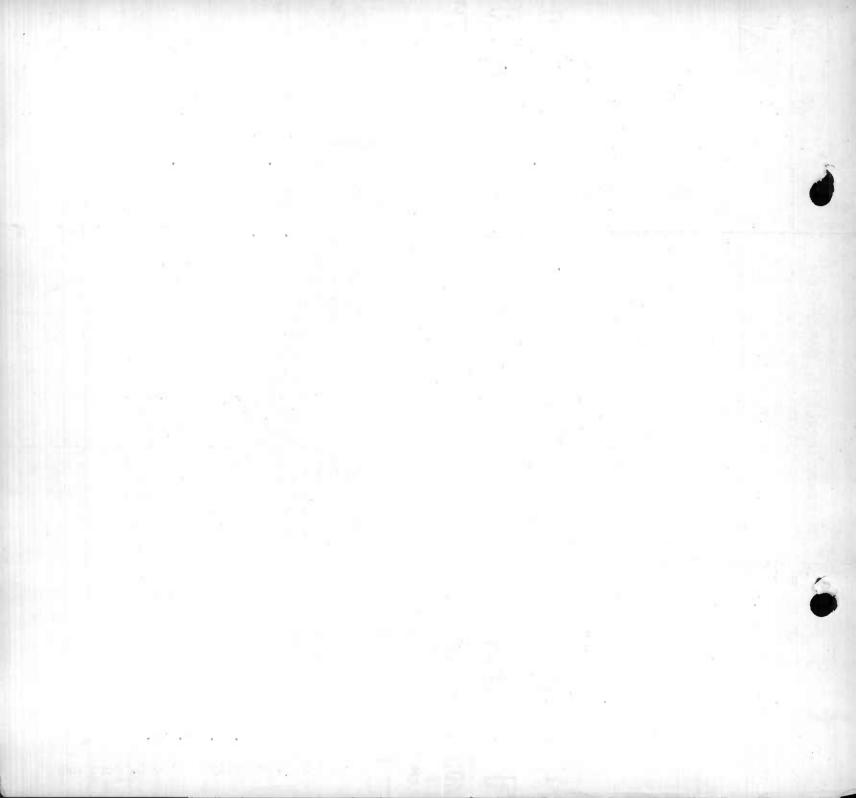
1-17-68

M.H.

	co on	BALTIMORE CITY	HEALTH DEPARTMENT	1/	68 0096
1100		36 CERTIFICA	TE OF DEATH	Registered Na.	00 0000
	E. CASE NO. NAME OF DECEASED		2, DATE AND	HOUR OF DEATH	
	no or Point	HN	1-4-	68 ut 3 45	I
3.	PLACE OF DEATH IN BALTIMORE MARYLAND	HILL	4. USUAL RESIDENCE (Where		Tution: residence before admis
			A. STATE B. COUNT	Υ	1 11
	FULL NAME OF (If not in hospital or institution	in, give street	Maryland		15al to
	HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outs	ide city limits, write RUI	RAL and give township)
1	14	1 .	Baltimore		00 00
1	Union Memorial	it uspotal	D. STREET ADDRESS (If re	rol, give location)	
			Barthim 4310	Allen D	rive
5.	SEX 6. RACE 7. MARRI	ED, NEVER MARRIED	8. DATE BARTH 9	. AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours M
	1/8	VED, DIVORCED (specify)	91-4 1960	ost birthdo	Months Doys Hours M
. 4	· · · · · · · · · · · · · · · · · · ·	'idowed	100	23	10 CITITEN OF
	N. USUAL OCCUPATION (Give kind of work 108, KIND to during most of working life, even if retired)	OL BOSINESS OK INDOSIKE	T. BIR HPLACE (Store of foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
	Salemon for sun jugar	Textinod	AIL	OULCNY	American
	FATHER'S NAME	1021-10-0	14. MOTHERS MAIDEN NAM	IE O	
	D. MOOTACCI		1sabelle	PI	- (
	P. MARTOCCI		UNKN	own lad	ula
15.	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	LEUE DY MILE	ADDRESS
	, // a	217-05-895	14 Lind	a powell	
_	18. 4. / P 9	CAUSE O		,	INTERVAL BETWEEN
		CAUSE O			ONSET AND DEAT
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C	1 1. 2	1	3 (
	(This does not meon the mode of dying, e	q., Q. DUE TO	trale pulmer	ary pedem	3 .7 " 1 .
	heart failure, asthenia, etc. It means the disea	se,		9	
	injury or complication which coused death.)		Congestive h	rack fails	
	ANTECEDENT CAUSES	DUE TO	- Cold Cold		
	DISEASES OR CONDITIONS, if any, give	ing	Press	4 - 1 - 6 -	£ .
	rise to the obove cause (A) stating UNDERLYING CONDITION last.	lhe (C)	The court was	arbial ! Wluce	Uh.
	ONDERCTING CONDITION (US).				
z	1/20./	TING		- 4	
ATIO	TO THE DEATH BUT NOT RELATED TO				
A	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)	208 IE VEC WEBE FIL	IDINGS CONSIDERED
ERTIFIC,	WAS PERFORMED	WHICH OFEKATION	WOLONSTITIES OF 140)	208. IF YES, WERE FIN	ES OF DEATH?
ER		010 014 05 05 000		(II) 6 IV	P. C.
0	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg., INJURY OCCUR?	ul in Bolhmore C	City, give exoct location)
CAL	DEATH (notify medical examiner)	etc.)			
MEDI		21E, INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
×	(APPROX.)	While At Not Whil	e 🗍		
		Work At Work		71-	1 / /
	22. I certify that (I) (this hospital) attende	1 1 000		96 % to 1-4	
	that (1) (we) last saw the deceased alive a	n 1-4-1968	19and the	nt in (my) (aur) apini	an death accurred an th
	and have and from the causes stated above	(I) (We) (didY(did-not)			
	23A. SIGNATURE	8		lo	3B. DATE SIGNED
		M.D. Atte	ending Med.		1-4-1968
	Darwith M. Naj			Staff Phy s.	1 - 7 - (10)
	23C. PHYSICIANS R DARWISH NAZ	7.41	23D. ADDESSUNION M	EMORIAL HO	SPITAL
	DARWISL NA	ZZAL M.D.	The WILLIAM	Memorial	かいいられ
24	A. BURIAL CREMATION, 24B. DATE 240	NAME OF CEMETERY OF CRI	MATORY 24D LC	CATION (City,	town, or county) ; (5
-	REMOVAL (Specify)	1	(1/2	20 ALLE	-0. 1. Pl n
	DUBIAL 1-6-6811	EW LATH FOR	3AL (FM. 730	DOUIDTED	ERICKIN 11
25	1 0 11 0	E OF REGISTRAR	25C. FUNERAL DIRECTOR	1	110 BELAIR RO
	JAN 8 1968 R. P. B.	E. Jankopa	Dimer John	HERSTAY C	TO DENHIIC TO
75	150-REV. 1/1/65		The Time	TILLIA TINC.	TIZOL
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	68 000	Q	DEPARTMENT	7	68	0000
BIRTH NO.	00 000	CERTIFICA	TE OF DEATH	Registered No	00	0000
M.E. CASE NO.	11 -1			D HOUR OF DEATH		
Type or Print)	the Thom	AS MORY	a.2 21	N 1960	Br	SA
PLACE OF DEATH IN BA		110 . 1001	4. USUAL RESIDENCE (When	e deceased lived. If ins	titution: residen	ce before odmiss
FULL NAME OF (If n	ot in hospital or institution,	ave street	MAS-MANA	ALLIA	o Ati	indel
	ress or location)	give sheet	C. CITY OR TOWN (If out	side city limits, write RI	, , , ,	
		1/2//	ZEVELN	A VARK		52-0
UNIVERSIT	YOF MA	HAND	D. STREET ADDRESS (If	rural, give location	#12	
			12017	N I		
S. SEX 6. RACE	WIDOWE	D, DIVORCED (specify)		9. AGE (In years lost birthday)	Months Doys	Hours Mir
OA USUAL OCCUPATION	S C O C VICE KIND OF		11. BIRTHPLACE (Stote or forei	an dayahad	12. CITIZEN	26
lone dyring most of working life,			A Da	1/21/1	WHAT C	
MAINTONA	NCB		1010717	IHNO	102	17
3. FATHER'S NAME	115	•	14. MOTHER'S MAIDEN NA	ME	7 100	
NHYMIC	ma om	ITM	UTheri	NA	- HRX	>
5. Was Deceased Ever in U. Yes, no or unknown) (If yes, gi		SECURITY NO.	17. INFORMANT	P-A	ADD	RESS
UNIC			CVIN	11.		
18.038.9	1	CAUSE C	F DEATH			T AND DEATH
	NDITION DIRECTLY TO DEATH	QT1	PTICEMIA			
(This does not mean	the mode of dying, e.g.,	DUE TO	LIODILA			
heart failure, asthenia,	etc. It means the disease, which caused death.)					
ANTECEDI	ENT CAUSES	(B)				
DISEASES OR COND	ITIONS, if any, giving	DOE 10				
rise to the above UNDERLYING CONDIT	cause (A) stating the	(C)			± 000 € 000 000 000 000 000 000 000 000	
053.4	11					
Z	ONDITIONS CONTRIBUTIN					
DISEASE OR CONDITIO						
19A. DATE OF OPERATIO	N 198. CONDITION FOR	WHICH OPERATION	YES	IN CERTIFYING CAU	NDINGS CON SES OF DEAT	ISIDERED H?
21A. ACCIDENT WAS U	NDERLYING 218	PLACE OF INILIPY (e.g.	n or obout 21 C. WHERE DID	(If in Baltimore	City give exp	ct location)
OR CONTRIBUTING C	AUSE OF hon	ne, form, foctory, street, o	ffice bldg., INJURY OCCUR?	W III square	City, give exc	CT TOCONOTO
2		. INJURY OCCURRED	21F. HOW DID INJ			
S OF INJURY		ile AI Not Whi		URY OCCUR!		
(APPROX.)	UKO 2/25 M	rk At Work				
22. I certify that (I)	his hospital) ottended t	he deceosed from		1965 10 5 11	4 N	19 🔄
that (I) (we) last sow	the deceased alive on	BJAN	19.68 and th	at in(my) (our) opin	ian deoth oc	curred on the
	causes stated above. ((We) (did) (did not)	view the body ofter deoth.			
2 A. SIGNATURE	I X		andian - Mad -		238 DATE SIG	SNED
Ja Vive	CUS N V	Cupme M.D. Att		Stoff Phy s.	2 Adr	21409
23C HYSICIAN'S NAME (Type)			23D. ADDRESS		1/-	
LOWA	Rd U L#	TYNE M.D.	UNIV	11279	1/02	PITHI
24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE 24C. N	AME of CEMETERY OF CR	EMATORY 24D. L	OCATION (City	, town, or cou	(Sto)
Bural	1.6-1968 7	00011/1c	ch X	everna	park	11/4
25A. DATE REC'D BY HEALT	H DEPT. 258. NAME		25C. FUNERAL DIRECTOR	0 011	11 1	DDRES
14418	1968 AD R- 8	Falleyers	Willian	1 keesett	un	61116

HITAM KINDSE CITY HEALTH

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0 death

at a hospital (except where the physician who pronounced

in regular

and

4. USUAL

CERTIFICATE OF DEATH Lavara Alice Hammond I. NAME OF DECEASED (Type or Print)

2. DATE AND HOUR OF DEATH 1-3-1968

RESIDENCE (Where deceased lived, If institution; residence before admission)

FUEL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
	Baltimore City Hospitals

Maryland Anne Arundel

B. COUNTY

C. CITY OR TOWN D. INSIDE CITY LIMITS?

INZILIDIION			T T OO				
1	Baltimore	City Hosp	itals	Pasadena		YES	I NO □
1	Baltimore 4940 Easte Baltimore,		21224	E. STREET AND NUMBER Catherine Ave	nue RT. B	X 12	21122
5. SEX Female	6. RACE White	7. MARRIED WIDOWED	X INEVER MARKIED	8. DATE OF BIRTH 8-10-1901	9. AGE (In years lost birthdoy)	Mot	Jnder 1 Yr. If Under 24 Hrs. oths Doys Hours Min.
	of working life, even if retire			West Virginia			U.S.A.
13. FATHER'S NA		shall 6.	Starn	14. MOTHER'S MAIDEN NA	AME	Cath	merine Mahaffy
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.				17. INFORMANT Records: BCH-49	940 Easter	n Aven	ADDRESS

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	le ischemic	Lowel diseas	BETWEEN ONSET AND DEATH 2 week
	(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplicotian which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(B) Genera	lized intericonsequence of:	oselerosis	10 39 yr
ICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19-A. DATE OF OPERATION 119B, CONDITION FOR WHIT	C V F	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDING	3 s considered
CERTIF	WAS PERFORMED	CE OF INJURY le.g., in	NO or obout 21 C. WHERE DID	IN CERTIFYING CAUSES OF	DEATH?

home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) 21 D. TIME OF INJURY (Month) (Day) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from ond that in my (our) opinion death occurred on the date that (1) (we) lost saw the deceased alive on and hour and from the couses stated above (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23B, DATE SIGNED Attending Med. Staff Phys. 23D. ADDRESS 23 C. PHYSICIAN'S 4940 Eastern Avenue, Baltimore, Maryland 21224 E.M. Levinsohn

24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

1/6/1968

(City, town, or county) (Stote)

24D. LOCATION

Glen Burnie, Md. Glen Haven Memorial PK. 25C. FUNERAL DHECTOR

ADDRESS uneral Home/Glen Burnie, Md.

VS 150-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

Burial

written approval must be obtained before the remains are embalmed or final disposition is made. eceased prior to death); and (6) No physician was in regular attendance was D.O.A.

to the hospital by certificate must be approved An accident of IMPORTANI

DIRECTOR:

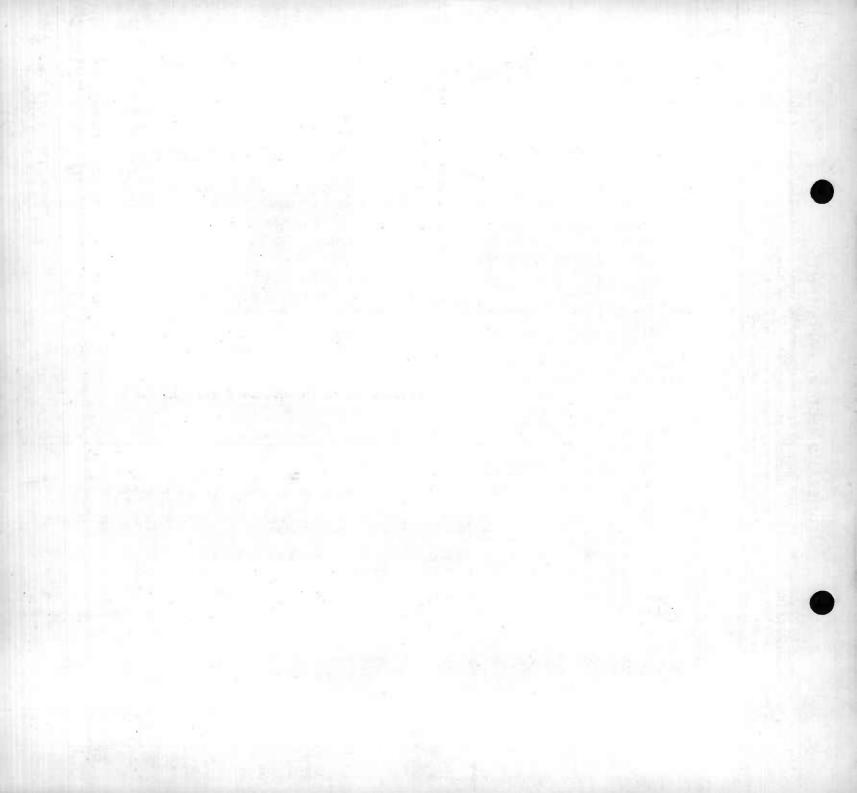
FUNERAL

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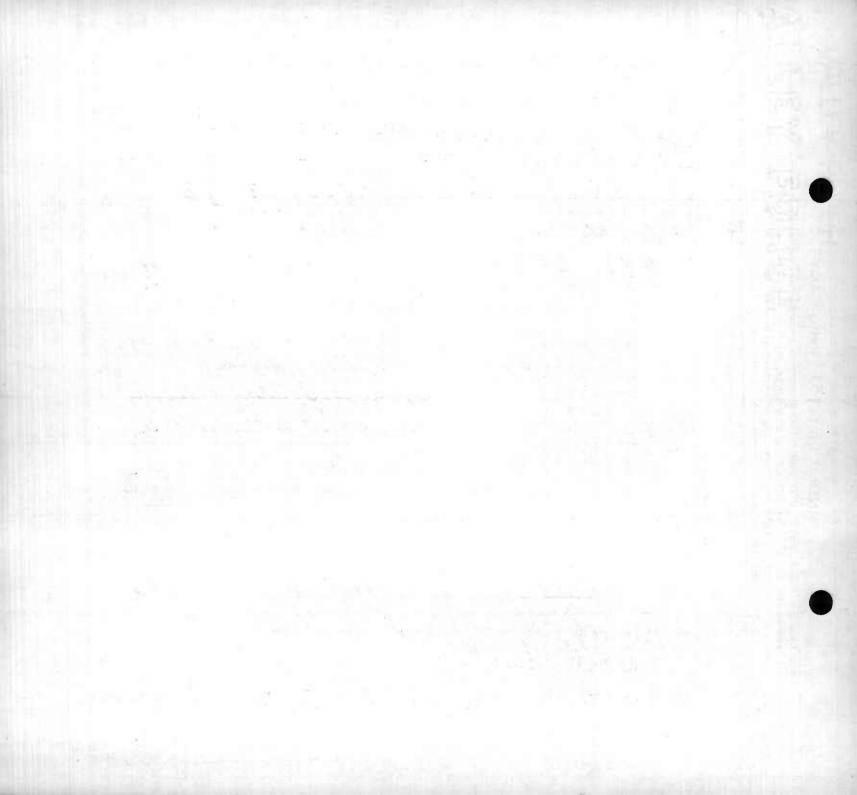
1203 BALTIMORE CITY HEALTH DEPARTMENT

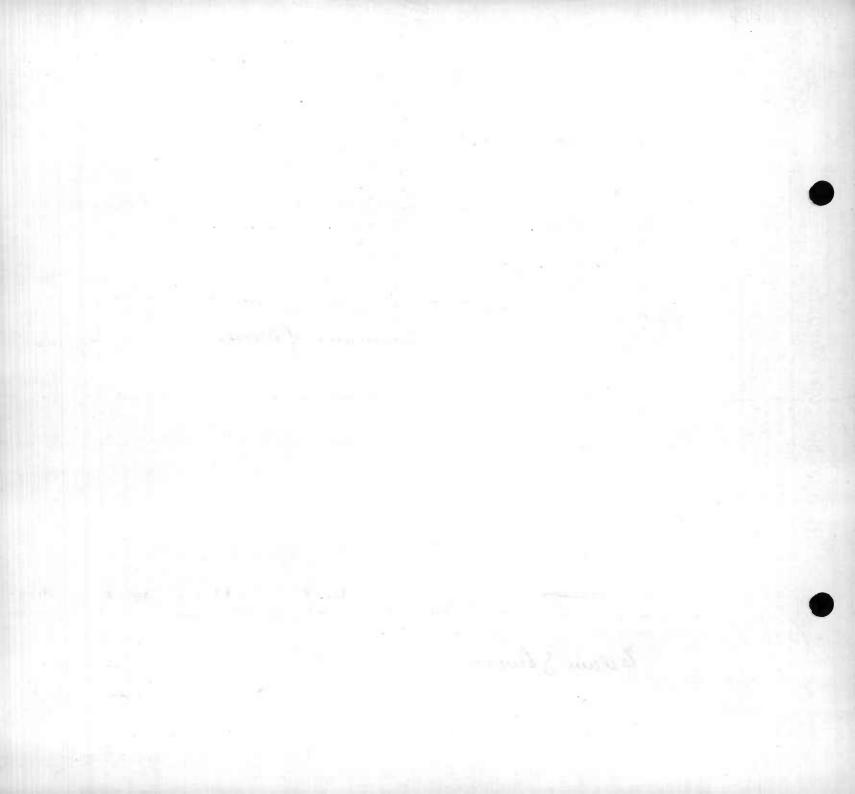
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(Type or Print)	EO	THOMA	15		BACKUS	OF DEATH	Estimated	□ Jan	nuary	4,	1968	8:50	P. N
4. PLACE IN BA	LTIMORE, MAR	YLAND, W	HERE P	RONC		3. DATE		Mont	th	Doy	Year	Hour	- 11
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT ADDRES	IN HOSPITA S OR LOCA	AL OR INS	TITUTIO	ON, GIVE STREET		UNCED DEAD	Jani	uary 4				P. A
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Male	White		WIDO	WED [DIVORCED	Balt	timore			YE	s 🖾	NO 🗆	
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11. BIRTHPLACE		country)		12. C	ITIZEN OF	13. FATHER							
Balti	more,	Md.		V	VHAT COUNTRY?	Ch	arles :	Backu	S				
14A.USUAL OCCL	JPATION (Give	kind of work	148. KINI	OF	BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN	NAME		1 8 13			
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16. WAS DECEAS					17. SOCIAL	18. INFOR				AD	DRESS		
(Yes, no ar unknown	(If yes, give wo	or ar dotes	of service) 2-	SECURITY NO. 17-14-0976	Mar	garet	Cain	Back	us. I	wife.	abo	ve
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0												No	
	NAL CAUSE W			22B.	PLACE OF INJURY (e.g., e, farm, factory, street, allic	in ar about	22C. WHERE D	OID (If in Bo	ltimore Cit	y, give exa	t location)		
	G OR CONTI			ligilie	s, latin, laciary, sileer, ame	e oray., erc.,	INJUNI OCCU	JK:					
			r) (Hou	r) 2:	2E.INJURY OCCURRED		22F. HOW DIE	INJURY O	OCCUR?				
OF INJURY (APPROX.)						WHILE							
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SIGNAT		yve	II C-	.<	M.D.		OCIATE MEDIC	AL EXAMIN	VER		1.	-5-68	
NAME (WE	erner	U. SI	JIL	, M.D.	V22.0	CIAIC MEDIC	- IL EVENIU	,-n		1-	3-00	
24A. BURIAL CRE	MATION, 24	B., DATE		24	C. NAME of CEMETERY	ar CREMATO	ORY :	24D. LOCA	TION	(City, town	, or county) (S	tate)
REMOVAL (Spec		1/8/	68		Holy Redeet	mer Ce	em.	Bal	ltimo	re,	Md.		
25A. DATE REC'D	BY HEALTH D	EPT.	25B. N		OF REGISTRAR			ECTOR		TT A	DDRESS.	20	
	IANI G	1000				S	FUNERAL DIR					iic.	
	AUN O	1200		Krai	to E. Jacker	min	1 33	31 B1	renms	Lan	6		
VS 151-REV. 1/1/6	8					346							

of man Lot made in a way week to be a regressed.



USUAL RESIDENCE (Where deceased lived, If institution; residence D. INSIDE CITY LIMITS? YES L NO If Under 1 Yr. If Under 24 Hrs. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact lacation) ...and that in(my) (ager) apinion death accurred on the dote ADDRESS Schimunek Funer 3331 Brehms Funeral Home, Inc. Lane VS 150-REV. 1/1/6B





Monne C. Bailler Burner 66 12 ACAL ST.

		CITY HEALTH DEPARTMENT	80t0 88
BIRTH NO.	68 0108 CERTIF	CATE OF DEATH REG, N	0. 00 0100
1. NAME OF DECEASED (Type or Print)	PULLIN OWE		8:55 A M.
THE RESERVE	LAND, WHERE PRONOUNCED DEAD HOSPITAL OR INSTITUTION, GIVE STREI OR LOCATION)	4. USUAL RESIDENCE (Where deceased liver 8. COUNTY MD Baltimore C. CITY OR TOWN BALT I MORE	If institutions residence before admission) INSIDE CITY LIMITS? YES NO V
ST AGN	ES HOSPITAL	E. STREET AND NUMBER 453 LAMBERT COURT	63-00
MALE WHITE	7. MARRIED NEVER MARRIE WIDOWED DIVORCE	7-29-08	Months Doys Hours Min.
done during most of working life, even		VIRGINIA	12. CITIZEN OF WHAT COUNTRY? U. S. A
WILLIAM	Arred Francis	MAGGIE	400755
15. Was Deceosed Ever in U. S. A. (Yes, no or unknown) (If yes, give w	Armed Forces? or or doles of service) 16. SOCIAL SECURITY NO 217 01 CAUSE OF	174 1 ST AGNES HOSPITAL	CATON & WILKENS AV
(This does not mean the heart laiture, asthenia, etc. injury or camplication which antecedent Diseases or condition rise to the obave counderlying condition of the significant condition to the death but not rely disease or condition giving a condition of the death but not rely disease or condition giving a condition of the death but not rely disease or condition giving a condition of the death but not rely disease or condition giving a condition of the death but not rely disease or condition giving a condition of the death but not rely disease or condition giving a condition of the death of the d	It means the disease, a caused death.) CAUSES NS, if any, giving use (A) stating the last, (C)	OR AS A CONSEQUENCE OF THE CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No) 20B, IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS DEATH (notify medical examin	RLYING 21B PLACE OF INJUR E OF home, form, foctory, st etc.)	(e.g., in or aboy) 2TC. WHERE DID (If in Beet, office bldg., INJURY OCCUR?	oltimore City, give exact location)
9) (Yeor) (Hour) 21E. INJURY OCCURR While AI N Work	D 21F. HOW DID INJURY OCCUR?	
that (1) (we) last saw the	haspital) attended the deceased frandeceased alive an 1=3	19 68and that in(my) (au	1 - 3 - 68
23C, PHYSICIAN'S NAME (Type) Dr. Papastephano 24A. BURIAL CREMATION, 124B.	particularly, of degree of cemetery	23D. ADDRESS CATON & WILKENS AVE	1-3-68 E. BALTO MD (City, town, or county) (State)
BWYAL (Specify)	6/68 St. Stanslays	Cometer Baltimer, 250, FUNERAL DIRECTOR Company Die 1928 Se	Marylemel ADDRESS WISHWY Sp. BH.

61 180-13attributy Blobay AND THE PARTY OF T

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	68	3 010	" CERTIFICA	TE OF DEATH REG. N	
BIRTH NO.	FASED			2. DATE AND HOUR OF D	LATE
Type or Print)		lne Kuja	awa.	January 2-19	68 400
3. PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY	d. If institution: residence before admiss
ULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	Maryland C. CITY OR TOWN	INSIDE CITY LIMITS? /- O/
NOITUTION				Baltimore	YES NO
0				E. STREET AND NUMBER	1E30X 140
703	South Potomac	Street		703 S. Potomac St.	
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In year	s If Under 1 Yr. If Under 24
Female	White	WIDOWED		March 19-1875	Months Doys Hours Min
DA. USUAL OCC	UPATION (Give kind of wo			11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUN
	working lile, even if retired) Housewi			Poland	U.S.A.
3. FATHER'S NA	ME		,	14. MOTHER'S MAIDEN NAME	
		Bednar	ski	Magdalena Smuzeska	
S. Was Docease	d Ever in U. S. Armed Fo	orces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
No	n) (II yes, give wor or do	tes of service)	215-48-0073	Daughter, Mary Kujawa,	# 4,a,b,c,d.
1B. 4/	0 0 1				
(This does heart failure	ASE OR CONDITION D LEADING TO DEATH not mean the mode o , aslhenio, etc. II mean mplication which cause ANTECEDENT CAUSE	d dying, e.g., s the diseose, d deoth.)		USEACUTE MYOCARPIAL P	AILURE JAN 1 196
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VS 150-REV. 1/1/68

Burial Jan-5-1968 St. Stan
25A. DATE REC'D BY HEALTH DEPT.
25B. NAME OF REGISTRAR

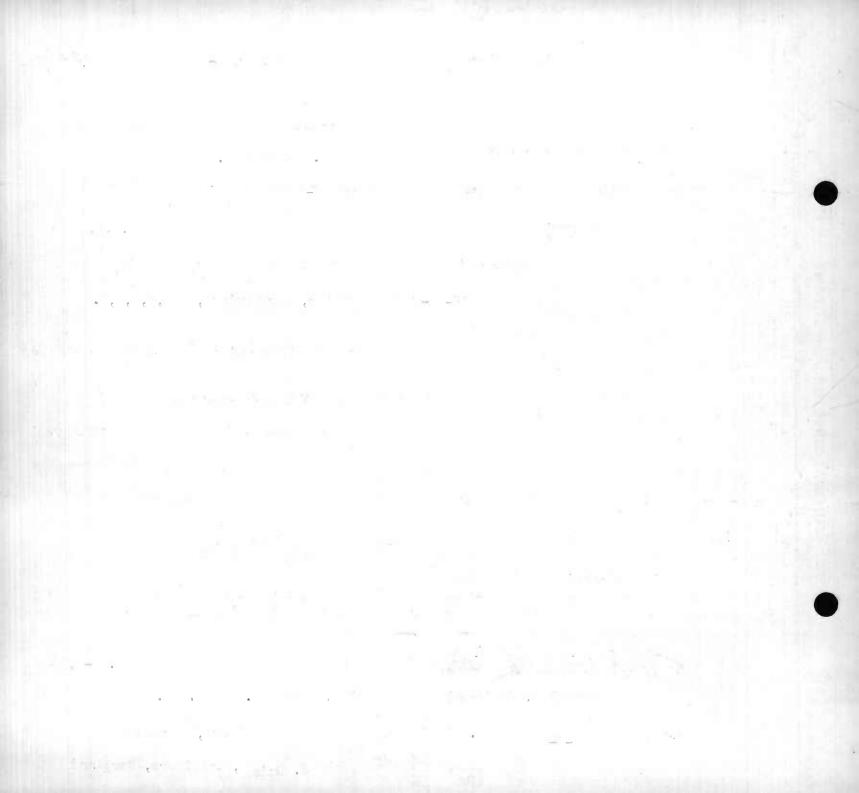
St. Stanislaus

25C. FUNERAL DIRECTOR

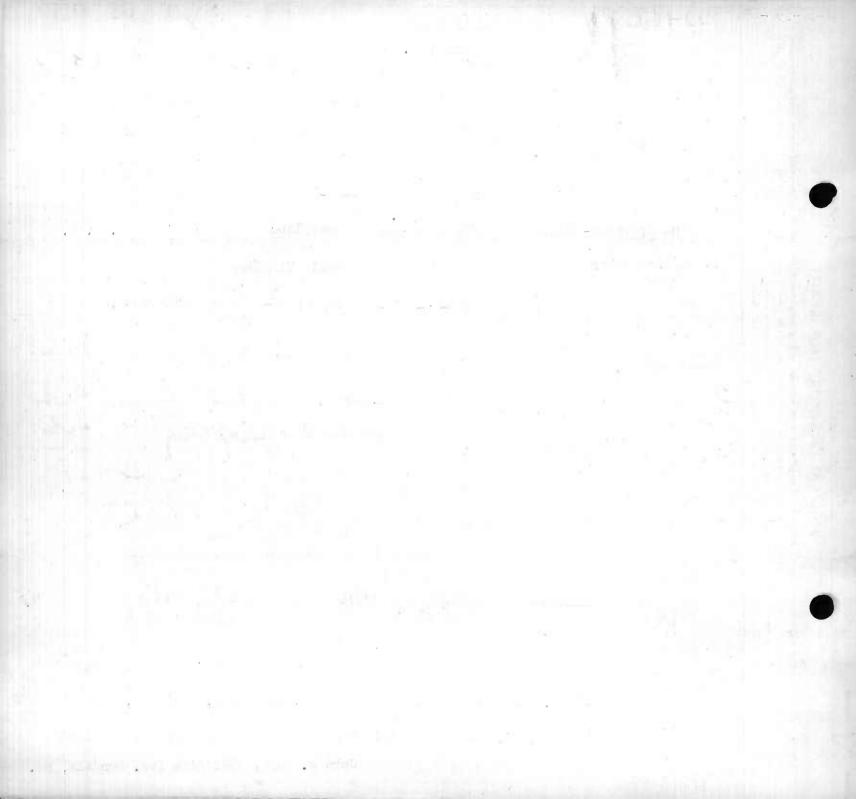
Baltimore, Maryland

ADDRESS Baltimore, Maryland

John J. Duda



VS 150-REV, 1/1/68



DIRECTOR:

FUNERAL

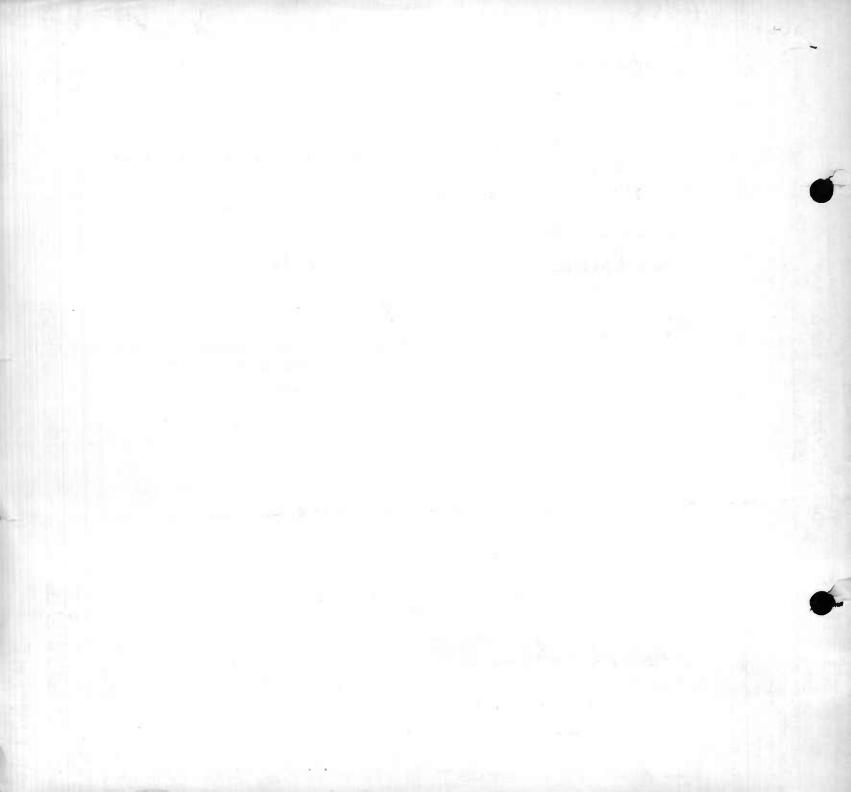
VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

AT ARREST OF MARK DE ARREST DISCOURSE 117 1117 1111 121 1111 disease OW 43 37-1-1 LEAVELEY FROM EXHIBIT AND

FUNERAL DIRECTOR:

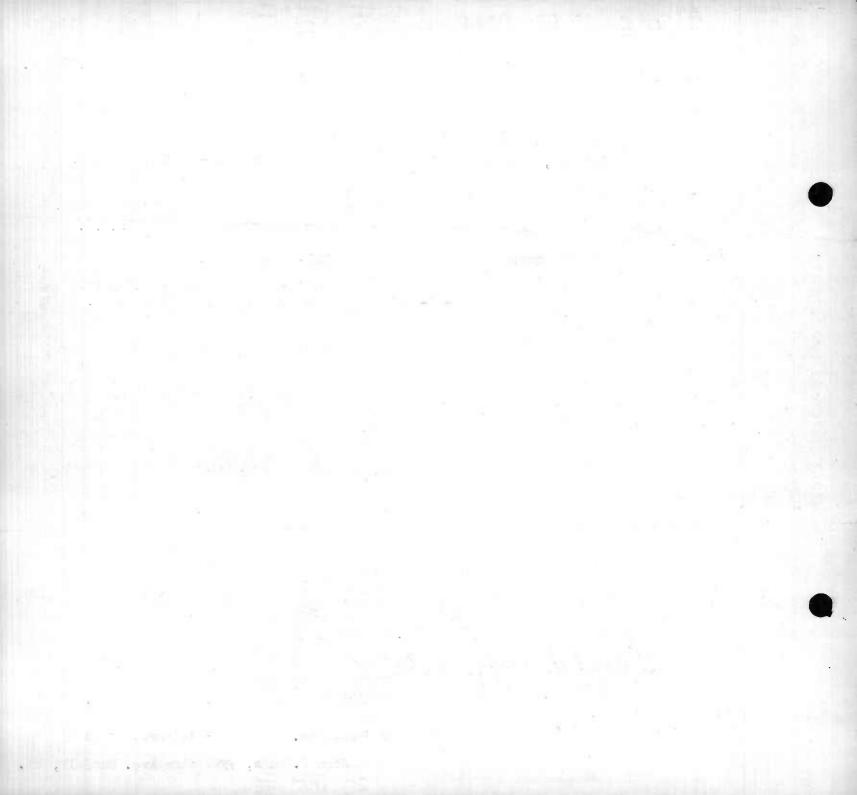
44-19	00	021	BALTIMORE CITY	HEALTH DEPARTMENT	1	68 0119
BIRTH NO.	97 99	U11	CERTIFICA	TE OF DEATH	Registered No.	00 OTTE
M.E. CASE NO	DECEASED		CERTITION	DATE AN	ND HOUR OF DEATH	
(Type or Print)	1 - 1 - 1 1	DEFMAN			8 - 4 A. (n 1
3. PLACE OF	DEATH IN BALTIMORE, MA			4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: residence before admission)
				A. STATE B. COUN	Y	
HOSPITAL C		or institution, g	rive street	MARYLAND	DALTIMOR	
INSTITUTION				D		RURAL ond give township)
9 1				D. STREET ADDRESS (III	rurol, give location)	, 33
o U	UNERSITY HE	SPITTAL	-	1 -11 . 0 . 1	0	#34
S. SEX	6. RACE	7 AAABBIED	NEVER MARRIED	8. DATE OF BIRTH		If Under 1 Yr., If Under 24 Hrs.
. 31	CAUC	MIDOWED	, DIVORCED (specify)	7/8/12	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
43 1151141 0		4	RIED INDUSTRY		55	130 61717511 05
	of working life, even if retired)	KIND OF	BOZINEZZ OK INDOZIKI	11. BIRTHPLA CE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
House	SWIFE		Home	TENN.		U.S.
3. FATHER'S N				14. MOTHERS MAIDEN NA	ME	
100	On CORTER			ELIZA TATT	-041	
5. Wos Decea	sed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	010	ADDRESS
	own) (If yes, give wor or dot	es of service)	SECURITY NO.			
No			412 10 9930		man 7619 Hi	
18.17	4 × 1		CAUSE	F DEATH		ONSET AND DEATH
DIS	EASE OR CONDITION DI LEADING TO DEATH	RECTLY	0		-	10 21- 400
(This doe	s not mean the made of	dvina. e.a	(A) CAC	CINOMA OF K	DICEAST C	HIGOUT CICKE
heort foilu	re, osthenio, etc. If meons	the diseose,			STASES TO	2
injuly or o	complication which coused		(B)	LIVER	+ SKIN	
	ANTECEDENT CAUSES		DUE TO	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		***************************************
	OR CONDITIONS, if the obove couse (A)		(C)			
	ING CONDITION lost.		(6)			
190	X II					
OTHER SI	GNIFICANT CONDITIONS (DEATH BUT NOT REL.					
DISEASE	OR CONDITION CAUSING	IT.				
19A.DATE		IDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
				IVO		
OR CONTI	DENT WAS UNDERLYING [RIBUTING CAUSE OF Diffy medical examiner)	218, hom etc.)	e, form, foctory, street, o	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Soltimore	a City, give exact location)
Ο 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E,	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY			te At Not Whi			
		Wor			1	1
22. I cert	ify that (1) (this hospito	l) ottended th	ne deceased from	12/24/67	19 67 to the	ns of Cleater 19
that (I) (v	we) lost sow the deceas	ed olive on	11169	19 68 ond th	not in (my) (our) opi	nion death occurred on the dat
ond hour	and from the couses sto	ted obove. (I	(We) (did) (dld not)	view the body ofter deoth.		
23A. SIGN	ATURE /	1				23B. DATE SIGNED
Yno	accea Co Ho	Elemio	C M.D. Att	ending Med. Director	Stoff Phys.	1/2/68
23C.PHYSI	CIAN'S		111)	23D. ADDRESS	rnys.	(-10)
NAM	E (Type)		M.D.	11	men and t	all are
MA 61/5/41	Marcia C.		C	UNIVERSITY H	OSPITAL, V	ואבוט, ייייי
REMOVA	L (Specify)		ME of CEMETERY OF CR			ty, town, or county) (Stote)
Buri	ial 1-6-68	Mo	nta Vista Cem	etery Jo	hnson City	Tennessee.
	C'D BY HEALTH DEPT.	25B. NAME C	F REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
	JAN 8 1968	Ralso to	E, Jaking and	Wm. El. Johnson	n, 8521 Loc	h Raven Blvd. 2120
VS 150-REV. 1.		-				



	68	011	9 BALTIMORE CITY	HEALTH DEPARTMENT		00 0440
IRTH NO.	00	OLL	CERTIFICA	TE OF DEATH	Registered No.	b5 1713
A.E. CASE NO.			CERTITICA			
NAME OF DEC	EASED	1	11	2. DATE	AND HOUR OF DEATH	126
4	ILLIAM.	4. ///	USCH Sr.	/	12/68	4 - PN
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W	here deceased lived. If in	nstitution: residence before admission)
FULL NAME C	OF (If not in hospital oddress or location	or institution,	give street	MARYLAI	VO	
INSTITUTION				C. CITY OR TOWN (IF		RURAL and give township)
4				SALTIMO		0001
1 11	2 2 m		1/	11-1	If rurol, give location)	1. "
Un	ron Men	102119L	14056	4321 6.	LEN MORE	AUE. #6
SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
m	w		D, DIVORCED (specify)	11/26/07	lost birthdoy)	Months Doys Hours Min.
A LISUAL OCC	LIBATION/Give hind of week		RRIED	11. BIRTHPLACE (State or fo	70	120 CITIETY OF
	working life, even if retired)	NIND OF	POSINESS OR INDUSTRY	11. DIKIMPLAUE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	ployed	Luma	ER YARD	Baltimore C:	ity Md.	U.S.A.
FATHER'S NA	2 0		- //r	14. MOTHER'S MAIDEN N		
						7
	Bernard	Musch			Barthel Bo	orleis
Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		AODRESS 212
er 2	(If yes, give wor or dote	s of service)	SECURITY NO.	Man Hana V	March 1,227 ("	
Yes	W W 1		216-01-1551A	with moust V.	MUSCH 4341 CO	Lenmore Avenue
18. 2/- /1	0,9		CAUSE OF	DEATH	AND THE REAL PROPERTY.	INTERVAL BETWEEN
DISEA	SE OR CONDITION DIE	RECTLY		1	/	ONSET AND DEATH
	LEADING TO DEATH		//	14-0000001	1 NEAD.	70 -3
(This does	nol mean the mode of	dvina aa	(A)	YOCAR DIAL	LNFARC	1100
	osthenia, etc. Il meons		DOE 10			
	aplication which caused		/	SCUD		
	ANTECEDENT CAUSES		(B)	SCVD		
			DUE TO			
	OR CONDITIONS, if a obove cause (A)		(C)			
	G CONDITION lost.	slowing life	(0)		araraaar	00 000000
11201						
420,1	II	CANTRIBLITIAN	_			
TO THE D	FICANT CONDITIONS C	ATED TO TH	E			
	CONDITION CAUSING I					
A-DATE OF	OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
	1173168	CRIVILD		No	III CERIII IIIIO CA	OSES OF DEATH.
21A. ACCIDE	NT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or about 21C. WHERE DID	(If in Boltimore	e City, give exact location)
OR CONTRIBL	JTING CAUSE OF medical examiner	hom etc.	e, form, foctory, street, of	fice bldg., INJURY OCCUR?		
)	medical examiner	eic.				
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
S OF HAJORI			ile At Not While			
(APPROX.)		Wo				
22. I certify	that (1) (this hospital	attended t	he deceased from	1/2	19 68 to	1/2 1968
			110			
that (1) (we)	wast saw the decease	ed alive on	12	19 0 ond	thot in(my) (aur) opi	inion dooth occurred on the do
and hour on	d from the causes sto	ted obove. (I) (We) (did) (did not) x	iew the bady after death	1.	
23A. SIGNATU		m		,		23 B. DATE, SIGNED
	1/ // /	11/	1 - MD AND	nding Med.	Stoff &	1/2/10
C.	1. / Y. C	un	Ly Phys	Director	Phys.	1/4/68
23 C. PHYSICIA				30. ADDRESS		
NAME (T		DT	M.O.	THE HALLON	MEMORIAL	HOCDITAL
	W.H. OEHLE			THE UNION		HOSPITAL
4A. BURIAL CRE	MATION, 24B. DATE	24C. N	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	ity, town, or county) (State)
73		(0)	1 10		7	0
Bur	/		arkwood Cemete			Co. Md.
SA. DATE REC'D	BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECT	O R	AODRESS (36)
11	N 8 1968 (0 6-5	tallas -	1.00	L 0 11	- 7401 P 1
5 150 PF14 1414		The same		paracakar	mining No	ME 7 01 DUBAN NOT
S 150-REV. 1/1/	00				h 3	

Mach comment in the 10.11.16.16.7 × 1/2/68

A-41	68	OLIA	Y HEALTH DEPARTMEN		09 0444
BIRTH NO.	70	OTTA CERTIFICA	ATE OF DEAT	н	oc Ull4
1. NAME OF DEC	MARY AL	VAREZ	2. DA	1/4/68	9:06 P.N
3. PLACE IN BA	LTIMORE, MARYLAND, WHERE I	PRONOUNCED DEAD	4. USUAL RESIDENCE A. STATE B.	(Where deceased lived, If i	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARYLAND	BALT IMORE	
INSTITUTION	BALTIMORE CITY	HOSPTPALS	Dundalk	D. INS	YES NO A
1	4940 Eastern A		E. STREET AND NUME	BER	TES NO Z
	Baltimore, Mary		3007 Dunle	er Road - 212	22 33-00
S. SEX	a see a contractor	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
FEMALE	WHITE WID	OWED DIVORCED	5/30/08	59	
	f working life, even if retired)	IND OF BUSINESS OR INDUSTR	VIII. SIRTHPLACE (Stote of WEST VIF		U.S.A.
13. FATHER'S NA	JAMES Brown		14. MOTHER'S MAIDER		
	d Ever in U. S. Armed Forces? n) (If yes, give wor or dotes of se	16. SOCIAL SECURITY NO. 217-03-7443			re City Mospitals imore, Md. 21224
DISEASES rise to the UNDERLYIN	mplication which caused death. ANTECEDENT CAUSES OR CONDITIONS, if any, the abave cause (A) station is conditionally to the conditional control of the conditional conditional control of the conditional con	giving DUE TO, OR A	CONSEQUENCE OF ASCIN	yocardia Wellitus	l gran 10 yan
	CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	in or obout 21 C. WHERE D	DID (If in Baltimo	ore City, give exact focotion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year) (Hou	While At At Work	ile 🗖	D INJURY OCCUR?	
	y that $m{A}$) (this haspital) attention $m{A}$) last saw the deceased alive	- 1.	1/2	19 68 to	1/4 19 68
	nd from the causes stated ab				
23A. SIGNAT	David of 4	of Physical MIN AT	tending Med.	Staff Phys.	238, DATE SIGNED 1/4/68
23 C. PHYSICIA NAME (T \	FMAN	4940 Eastern	TIMORE CITY HO	SPITAIS imore, Md. 21224
24A. SURIAL CRI REMOVAL Burial	(Specify) 248. DATE 1/8/68	24C. NAME of CEMETERY OF C	REMATORY 2	4D. LOCATION (C	ore, Maryland (Stote)
25A. DATE REC'D	11.0	AME OF REGISTRAR	25C. FUNERAL DIRI	CTOR	Ave. Dundalk, Md.



SIRTH NO 1. THAME OF DECEASED 2. DATE AND BOULD THAT 3. RACE IN SALTIMORE MARKLAND, WHERE FRONOUNCED DEAD 3. RACE IN SALTIMORE MARKLAND, WHERE FRONOUNCED DEAD 5. T. AGRES HOSP IN ACLITICA OR INSTITUTION, CIVE STREET WHITEENS AND CATON AVER NUE BALT I MORE BALT I MORE COTY OF ROWN D. INSIDE CITY LIMITS WE SHAPE BALT I MORE COTY OF ROWN D. INSIDE CITY LIMITS FEMALE WHITE WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED OG / 09/09 5. SER S. S		68	3 0115 BALTIMORE CI	TY HEALTH DEPARTMEN	T	
LANDER OF DECLASED DATE AND HOUR OF DEATH LANDERS MARRIED LANDERS MARRIADOR, WHERE PRONOUNCED DEAD LANDER MARRIADOR, MARRIADOR, WHERE PRONOUNCED DEAD LANDER MARRIADOR, WHERE PRONOUNCED DEAD LANDER MARRIADOR MARRIADOR WHICH DEAD LANDER MARRIADOR MARRIADOR WHICH DEAD LANDER MARRIADOR MARRIADOR MARRIADOR WHICH DEAD LANDER MARRIADOR MARRI	RIDTH NO			ATE OF DEAT	H REG. NO	68 0115
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BALTIMORE MARYLAND 21229 BALTIMORE YES NO	ST. ACNES	HOSA ITALE	TAL OR INSTITUTION, GIVE STREET			
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TO THE DEATH OF CONTENUING CONTROLLING DISCASE OR CONDITIONS CONTRIBUTING DISCASE OR CONTRIBUTION DISCASE OR CONT	SEX	6. RACE	7. MADDIED W AIRVED MADDIED			If Under 1 Yr. If Under 24 Hrs.
ADJUAL OCCUPATION (Give hind of weath look, kind of results) ANALO WATER STANDE LEE OSWALD SWALD SALVEY SALVEY SWALD SALVEY SAL					lost birthdoy)	Months Doys Hours Min.
Statists name LEE OSWALD No Discass for condition of the condition			1 108, KIND OF BUSINESS OR INDUST	RY 11. SIRTHPLACE (Slote of	foreign country)	12. CITIZEN OF WHAT COUNTRY
AMOTHER'S MAIDEN NAME	done during most of w	working life, even il retired)	Stalford Press	130.0		USA
LEE OSWALD	13. FATHER'S NAA	N IFE	Pack Corp.		NAME	
TO DESEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., theatth brites) ANTECEDENT CAUSE DISEASE OR CONDITIONS, if only, giving tisse to like above causes (A) stating the UNDERLYING CONDITION LOSS. (A) MAREDIATE CAUSE DISEASES OR CONDITIONS, if only, giving tisse to like above causes (A) stating the UNDERLYING CONDITION LOSS. (A) DISEASES OR CONDITIONS, if only, giving tisse to like above causes (A) stating the UNDERLYING CONDITION to last (A) DISEASES OR CONDITION DIRECTLY LEADING TO DEATH (A) MAREDIATE CAUSE DISEASES OR CONDITIONS, if only, giving tisse to like above causes (A) stating the UNDERLYING CONDITION to last (B) DISEASE OR CONDITION TO IT LIKE ALL TO THE TERMINAL DISEASE OR CONDITION TO IT LIKE ALL TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF NOT NOT ART I LIKE (B) DISEASE OR CONDITION TO IT LIKE ALL TO THE TERMINAL DISEASE OR CONDITION TO THE TERMINAL DISEASE OR CONDITION OF NOT NOT ART I LIKE (C) DISEASE OR CONDITION TO THE TERMINAL DISEASE OF THE TERMINAL DISEASE OR CONDITION TO THE	0014					
ST AGNES HOSPITAL WILKENS & CATON AND SECURITY NO.	lulu lu		nees? 16. social	HARBAUGH	FrueT	ADDRESS
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Injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF RENTED TO THE TERMINAL DISEASE OR DEATH? 21A. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE OR DEATH? 21A. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE OR DEATH? 21B. TIME (Month) (Doy) (Teod) (Hour) 21E. INJURY OCCURRED TO THE TERMINAL DISEASE OF DEATH? 21D. TIME (Month) (Doy) (Teod) (Hour) 21E. INJURY OCCURRED TO THE TERMINAL DISEASE OF DEATH? 21D. TIME (Month) (Doy) (Teod) (Hour) 21E. INJURY OCCURRED TO THE TERMINAL DISEASE OF DEATH? 21D. TIME (Month) (Doy) (Teod) (Hour) 21E. INJURY OCCURRED TO THE TERMINAL DISEASE OF DEATH? 22A. SURIAL (Month) (Doy) (Teod) (Hour) 21E. INJURY OCCURRED TO THE TERMINAL DISEASE OF TOOL AND THE TERMINAL DISEASE OF TEATH? 22B. DATE SIGNED TO THE TERMINAL DISEASE OF TOOL AND THE TERMINAL DISEASE OF TOOL			dying, e.g., DUE TO. OR A	MUSE		
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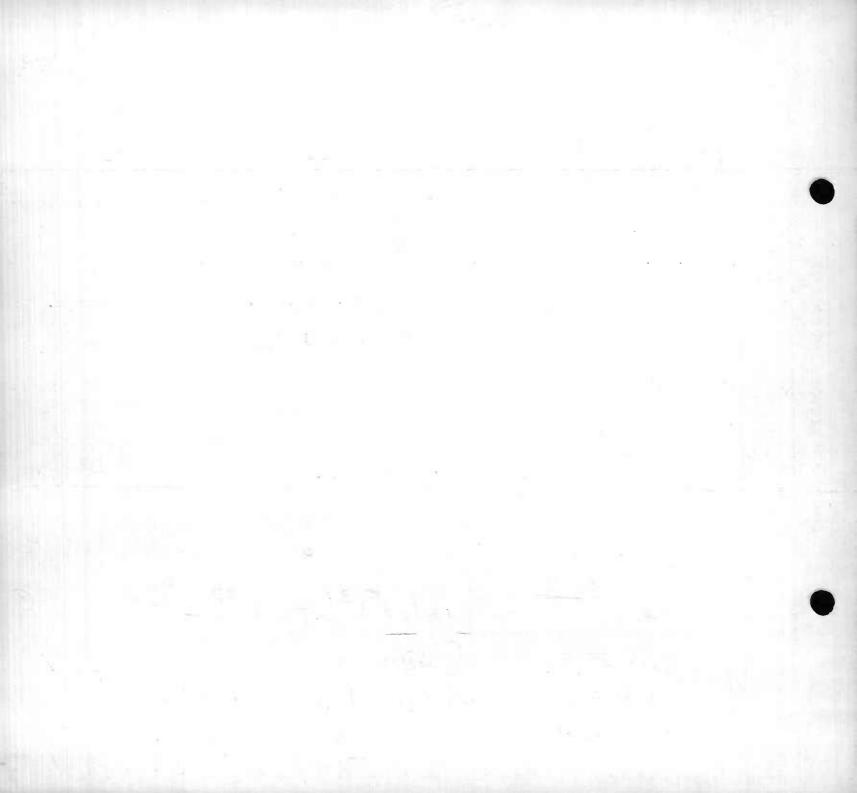
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Ans De Berneter MD.

	C	0 044	BALTIMORE CITY	HEALTH DEPARTMENT		CO	Odam
	D	8 011	CERTIFICA	TE OF DEATH	REG. NO	68	
NAME OF DEC	FASED				ND HOUR OF DEATH	4	
ype or Print)	Anne	Peters	Wroten				1'00
BLACE IN BAL	TIMORE MARYLAND			4. USUAL RESIDENCE (Who	ere desposed lived If		idence belove admission
PLACE IN BAL	IIMORE MARILAND	, WHERE PRONO	ONCED DEAD	A. STATE B. COU		msmonon res	A A
ULL NAME OF	(IF NOT IN HOS	PITAL OR INSTIT	UTION, GIVE STREET	Maryland			(1+1)62
HOSPITAL OR NSTITUTION	ADDRESS OR LO	JCA IION)		C. CITY OR TOWN Baltimore	D. IN	SIDE CITY LIN	AITS
A Hi	llcrest Nurs	sing Home				YES	NO
0		6		E. STREET AND NUMBER	20. 1. 01	03.0	- 0
	T. III				32nd Street		
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months: I	1 Yr. If Under 24 Hr Doys Hours Min.
Female	Whi te	WIDOWED	DIVORCED _	March 8, 1888	79		
			BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZE	N OF WHAT COUNT
Housewi	working life, even it retire	10)		Maryland			
FATHER'S NA				14. MOTHER'S MAIDEN NA	ME		
	Baker Turne	27		Frances			
			11 (200)		Thomas		4000555
es, no or unknown	(It yes, give wor or	dotes of service)	SECURITY NO.	17. INFORMANT			ADDRESS
				Mrs. Frances B	. Anderson	3614 E	dnor Rd.
1B. /	1 Y - 1		CAUSE OF DEAT	Н			APPROXIMATE INTERVAL
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DISEA	LEADING TO DEA		tome	em on			400
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	osthonio, etc. Il me			A CONSEQUENCE OF:			
injury or cor	mplication which cau	sed death.)					
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UNDERLIIN	G CONDITION Idsi.		(c)				
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OR CONTRIB	NT WAS UNDERLYIN	G 21B		n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(It in Baltim	ore City, give	exact location)
DEATH (notify	y medical examiner)	etc.	.)				
21D. TIME	(Month) (Doy) (Ye	eor) (Hour) 21E	. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
OF INJURY			ile At Not Whi				
		Wo					1 1
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and have an	d from the causes	stated above.	1) (Wa) (did) (did_a)	riew the body after death.			
23A. SIGNATU		stated abaves (·/ (ala/ (Tew file body difer decim		23B. DATE	SIGNED
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1	1 tree	and	DEGREE Phy	s. Director	Phys.	1//	1/6/-
23C. PHYSICIA			0	23D. ADDRESS	-11 -1	/	,
N	R.FRO	OM AN	TRMA	11/2009	1477	\	
4A. BURIAL CRE		24C. N.	AME of CEMETERY OF CR	EMATORY 24D.	LOCATION	City, town, or	county) (Stote)
REMOVAL	(Specify)						
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SA. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	R	10	ADDRESS WY
	JAN & 1968	18. P. 15	E Tabley MA	WmL /Z	Marin	+ sono	Thorth 11



68 0118 BALTIMORE CITY HEALTH DEPARTMENT

		WED	ICAL	EXAMINER 5	CERTIFI	CAIL	Or	DEATI	REG	NO		
BIRTH NO.	TEACED				II. DAVE		1071			1	G	
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	21000			MILLARD ONOUNCED DEAD	3. DATE	Estimot	eo 🗀 ,	January Month	7 4,	Yea		10 F .M.
FULL NAME OF				TUTION, GIVE STREET		INCED DE	AD		· ·			:O D
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	A	TT	. 1		A. STATE					timore		mission
		Hospita				Maryla						
6. SEX	7. RACE		B. MARRI	ED NEVER MARRIED	_		Arm	_	D. INSIL	DE CITY LIMIT	100	
Male	Whi		WIDOW			TANOXX		llage		YES 🔀	NO	
9. DATE OF BIRT	Н	10. AGE (Ir	1	If Under 1 Yr, If Under 24 H Manths Doys Hours M		MUN DIN	BER				1=3	10.00
Jan. 1,	1948	20	NA P			yrone	Cir	cle		21212	- 33	20
II. BIRTHPLACE	State or forei	gn cauntry)	1	12. CITIZEN OF	13. FATHER	S NAME						2/-
BALTI	MORE C	ITY		WHAT COUNTRY?	Dona	ld B.	Mil	lard				
14A.USUAL OCCU	PATION (Gi	ve kind of work	14B. KIND	OF BUSINESS OR INDUS	TRY 15. MOTHE	R'S MAIDE	NNAM	ΛE				
School 1	400	ven irrenred)	(Balt	o Md.)	Alve	rne W	ling	field				
16. WAS DECEAS	ED EVER IN		FORCES	7 17. SOCIAL	18. INFORM	AANT . AT	unt			ADDRESS		21212
(Yes, no or unknown	(It yes, give	wor or dotes	ot service)	213-48-589				lard.	101	Armagh	Dr.,	Balto
19.	. 1 0			CAUSE OF D			MILI	i ai u,	101		APPROXIMATE	E INTERVAL C
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	piteation		,									
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OTHER SIGN		NDITIONS CO										
DISEASE OF	CONDITION	GIVEN IN PA	ART 1 (A).					***********				
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SIGNAT		yw)	<u></u>	100	M.D.							
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24A. BURIAL CRE		24B. DATE		24C. NAME of CEMETE	RY or CREMATO	RY	24D.	LOCATION	(City	, town, or cour	nty) (State)
REMOVAL (Speci	ify)		1000									
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25A. DATE REC'D	BY HEALTH	DEPT.	25B. N/	AME OF REGISTRAR		FUNERALI				ADDRESS		
JA	NA I	1968 1	O B	- Q . F. D. 40	Ste	wart	& Mo	wen C	0.,10	08 W.N	orth A	v.,Cii
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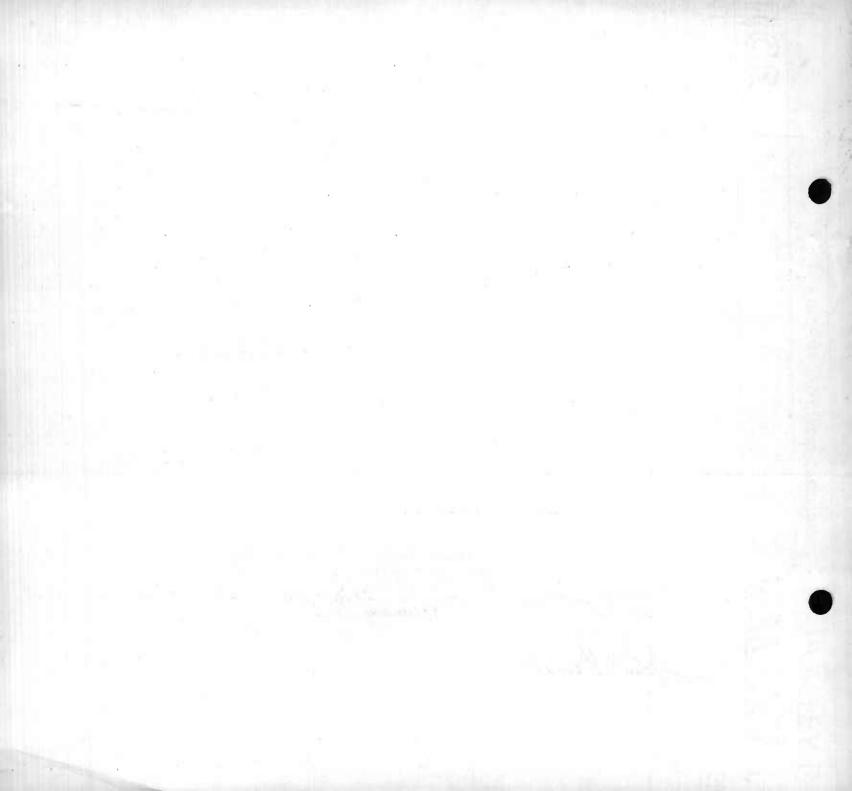
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	NAME OF DEC		0				2. DATE	Known	\boxtimes	Month	Doy	Y	eor Hour
	. 1	ARIE	P.			MILLS	OF DEATH	Estimo	ted 🗆	Janu	ary 5,	1968	8 8:25 A M.
	PLACE IN BAI						3. DATE	OUNCED DE	FAD	Month	Doy	Y	eor Hour
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0		Wilkin	s Aven	ue			A. STATE	Mary		deceosed	B. COUNT		ence before odmission)
	SEX	7. RACE		B. MAR	RIED 🗌	NEVER MARRIED	C. CITY	OR TOWN			D. INSIDE	CITY LIN	NITS?
1	Female	White	е	WIDO	WED X	DIVORCED [Bal	timore				YES X	NO 🗌
9.	MARCH 2	1-1895	lost birthdo	72		r 1 Yr. If Under 24 Hrs Doys 1 Hours 1 Min.		Wilki		venue			
11.	BIRTHPLACE (State or foreig	n country)			ZEN OF AT COUNTRY?		ER'S NAME	/	1///			
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don	e during most of	working life, ev		(1	046	lina -							
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100	s, no or unknown	NO	wor or doies	or service	2	18-09-225	Yoh	N Mil	15-	271	HARRE	on Red	RIVERA Pa. A
	19. 4/	2.01				CAUSE OF DE	THU						APPROXIMATE INTERVAL
	DISEAS	E OR COND	ITION DIRE	CTLY		Arteri	oscler	lar Di	nd Hy	yperte	ensive		
	4	LEADING TO		ina na		(A) IMMEDIATE	CAUSE						
	heart failure	, asthenio, etc.	. It meons the	diseose,		DUE TO, OR	AS A CONS	EQUENCE OF	:				
		Apriconon wine	in coosea ge	,,				***					
		OR CONDITION		GIVING		(B)	AS A CON	SEQUENCE O) F :				
	RISE TO TH	E ABOVE CAL	USE (A) STA	TING THE									
O	1 11 11 11					(C)					************		
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	SIGNAT	-	ner U.	Spi	to N	1.6. M.).	SOCIATE ME			$\overline{\Box}$		1 5 60
_	NAME (1	(уре)		- PPI		3							1-5-68
RE	A. BURIAL CREA MOVAL (Speci	MATION, 2	4B. DATE		24C.	NAME of CEMETERY	or CREMA	TORY	24D. I	LOCATION	(City, t	own, or co	ounty) (Stote)
	Burial		Jan 8	158	Ne	w Cathedral	Com			Bal	to Md		
25	A. DATE REC'D	BY HEALTH	0	25B. 1	NAME OF	REGISTRAR	250	. FUNERAL	DIRECTO	OR		ADDRES	5S
	,	IAN 8	1968	46	ent ?	-, 4000	//	homas J	Keni	ry Inc	1600 1	Jaca.	
VS	151-REV. 1/1/68	3 .				9 12 1	101						rs .

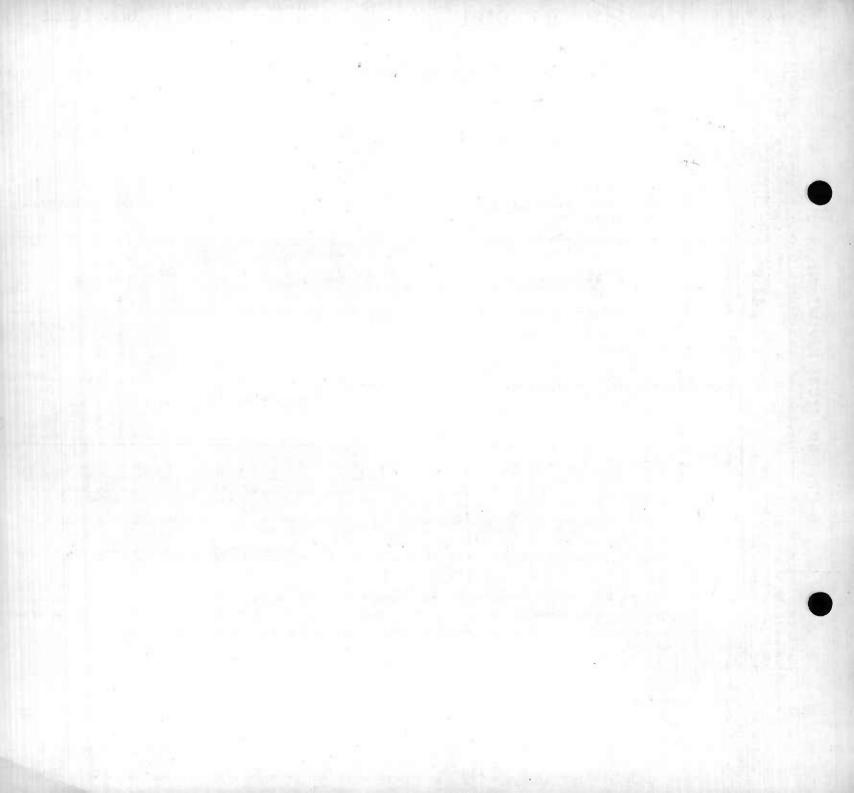
March 2. 1895 But Md

FUNERAL DIRECTOR:

VS 150-REV, 1/1/6B



4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) D. INSIDE CITY LIMITS? YES 🖾 NO If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RUPTURE APPENDIX a PERITOIVITIS 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (my) (our) opinion death occurred on the date 238. DATE SIGNED BALTIMURE (Stote) (City, town, or county) ADDRESS VS 150-REV. 1/1/6B



L 246 68 0122 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REC

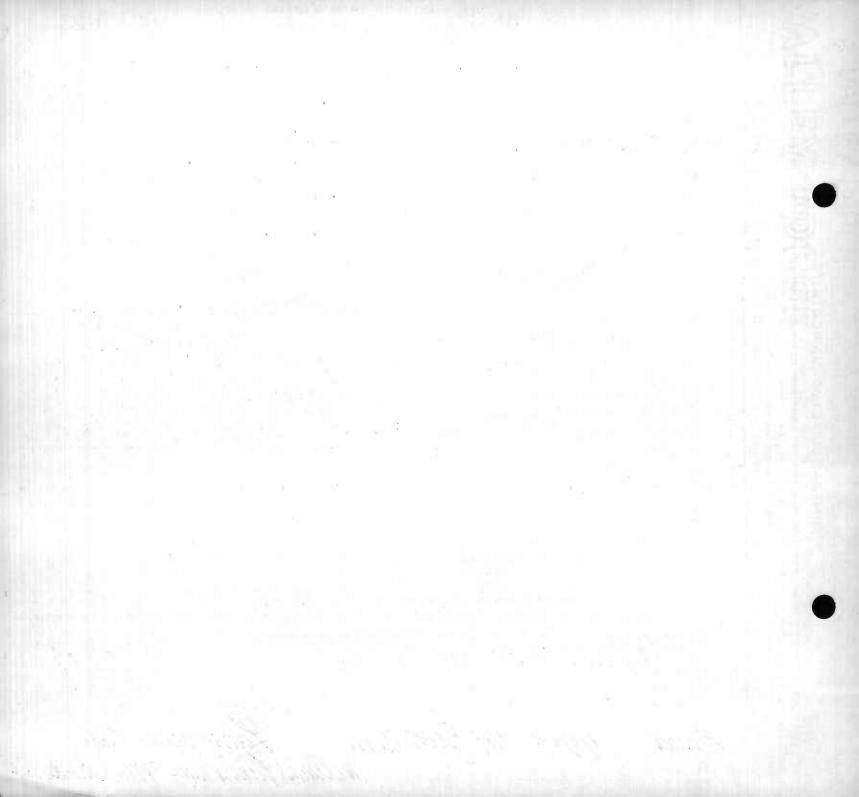
BIRTH NO.	EXT TITLE O	REG. NO.	
1. NAME OF DECEASED		2. DATE Knawn Month Day	Year Haur
(Type or Print) W. S.	LOCHLEAR	OF DEATH Estimoted January 6, 196	8 8:50 P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	3. DATE Month Doy	Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INST	TUTION, GIVE STREET	PRONOUNCED DEAD January 6, 1968	8:50 P.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION		5. USUAL RESIDENCE (Where deceased lived. If institution: re	M.
3 MERCY HOSPITAL (DOA)		A. STATE MARYLAND B. COUNTY	A 6
(20)			6-00
4 4 4 4	ED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS
Male Indian WIDOW	ED DIVORCED	Baltimore YES	X NO .
9. DATE OF BIRTH 10. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	E. STREET AND NUMBER	
Aug. 11, 1946 (ast birthday) 21	Months Days Hoors Min.	1709 E. Fairmount	
	2. CITIZEN OF	13. FATHER'S NAME	
North Carolina	WHAT COUNTRY?	Charles Tables	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND	U. S. A.	Stafford Locklear	
done during most of working life, even if retired)	OI DOSINESS ON INDOSIN	- TO MAINER O MAINER OF THE OWNER	
Ches	apeak Cantainer	Jessie	
16. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, ng or unknown) (If yes, give war or dotes of service)	17. SOCIAL SECURITY NO.	1B. INFORMANT ADD	RESS
No	237-74-9632	L. J. Locklear 1715 E. Fair	mount Ave.
119. G / / X	CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A T DISTANCE OF CONDITION DIFFCEIN	Stab w	ounds of chest	DETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			
(This daes not mean the mode of dying, e.g.,	(A)IMMEDIATE	AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	00210,00	NO N CONSEQUENCE OF	
injury ar complication which caused acam.y			
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO, OR	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(c)		
Z	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION I	ING		
TO THE DEATH BUT NOT RELATED TO THE TERMI			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OP WHICH OPERATION W	AS PERFORMED	1. AUTOPSY? (Yes or Na)
O -	OK WINCH OF EKAHOLT W	AS TENT ORMED	
			yes
✓ 22A. EXTERNAL CAUSE WAS UNDERLYING ☑ OR CONTRIB-	22B. PLACE OF INJURY(e.g., name, form, factory, street, offic	in ar about 22C. WHERE DID (If in Baltimare City, give exact I e bldg., etc.) INJURY OCCUR?	acatian)
UNDERLYING SOR CONTRIB- UTING CAUSE OF DEATH.	INN	1301 Central Ave. Garder	Inn 9-07
22D. TIME (Month) (Doy) (Year) (Haur	22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY 1 6 68 8:451	m. WHILE AT NOT	WHITE Subj. stabbed during arg	ument
23.	m. WORK LJ ATV	VORK L	
I certify that I held on Inquiry	Inspection Au	ond that an this basis, death in my op	inion
resulted fram: Natural couses	Accident Suici		
resulted fram: Natural couses	Accident Juicin		
ACTUAL MINI 2001	7	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE / WWW.	Zan C. M.C	ASSISTANT MEDICAL EXAMINER X	
EXAMINER'S Werner U	Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	1 7
NAME (Type)	Λ		1-7-68
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE	24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, o	r county) (State)
Burial 1-10-1968	St Anna	Route 1. Pembroke	Month Canalia
	St. Anna		North Carolina
JAN 8 1968 (O. A. E	Janey Mill		
THE TOTAL OF THE PARTY OF THE P		Lilly & Zeiler Inc. 1901-	07 Eastern Ave.
VS 151-REV. 1/1/6B			

BEHALLE . LIVE to the design of the second se ATT TO LEAST THE SECOND STORY OF THE SECOND STORY JOHN CONTROL STATESTA MICH.

DIRECTOR:

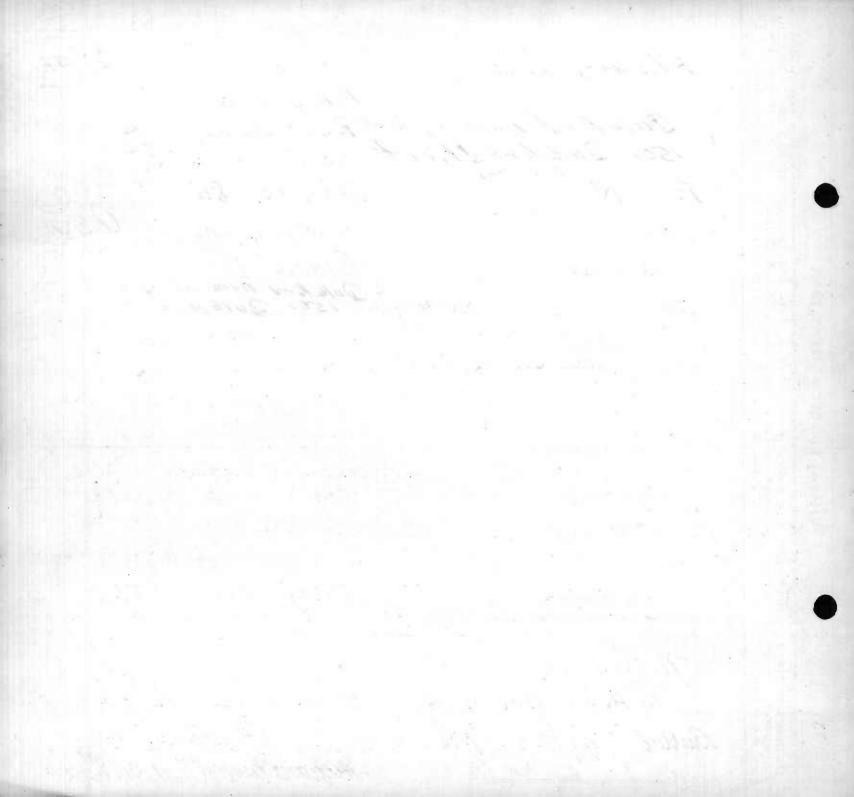
FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

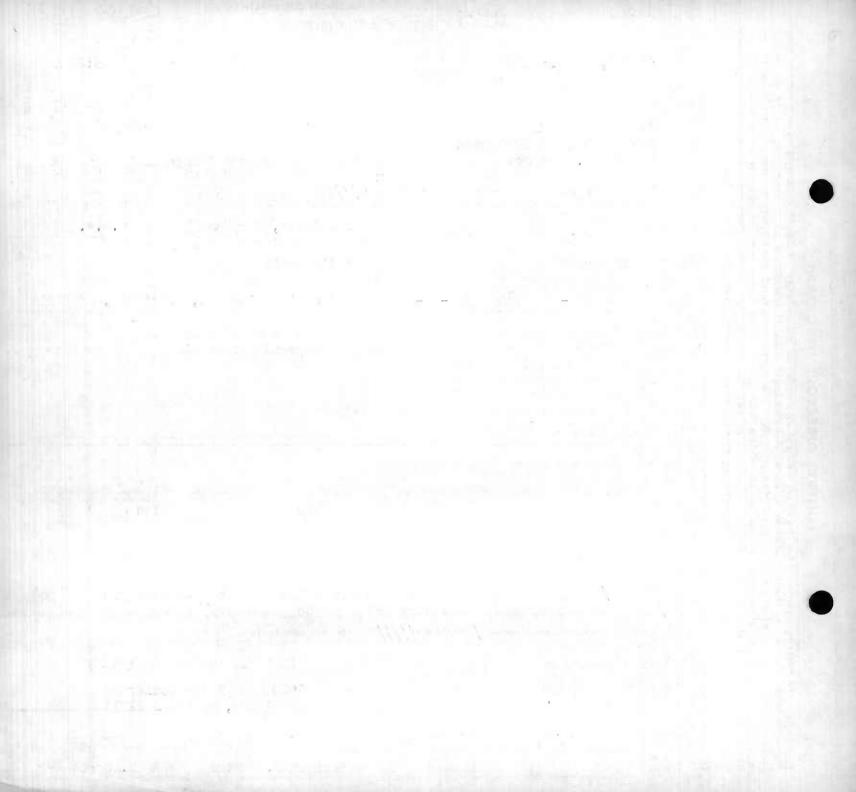


DIRECTOR:

FUNERAL

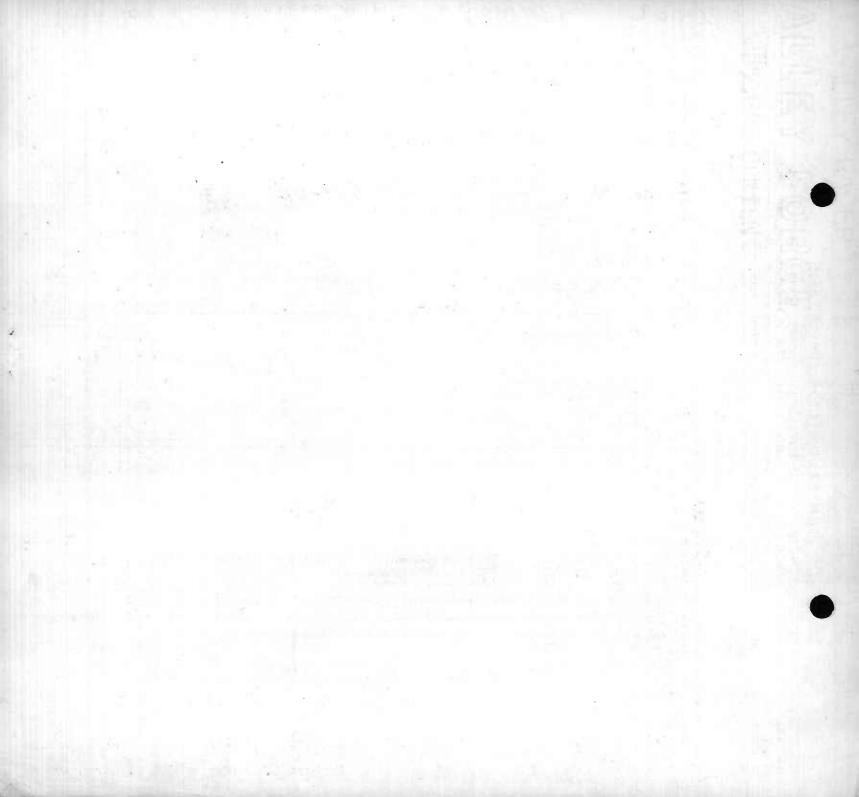


p	626	68	045	BALTIMORE CIT	Y HEALTH DEPARTMENT		68 0125
RIDTI	NO.	00	OTC	CERTIFICA	ATE OF DEATH	REG. NO	
	ME OF DECEASED					ND HOUR OF DEAT	Н
Туре	PARKER PARKER	Arthur (rafton		1/3/	16 P	5:20 A
3. PL		E MARYLAND, W		JNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived, If	institution: residence before odmissi-
e1111	NAME OF #	E NOT IN HOSPIT	AL OR INICTITE	TON CIVE CENTER	Maryland	NIY	.9 12
HOS	NAME OF (ADDRESS OR LOCA	ATION)	JTION, GIVE STREET	C. CITY OR TOWN	D. 10	ISIDE CITY LIMITA?
11421		ans Admini:	strati or	Hospital	Baltimore		YES X NO
1		och Raven		-	E. STREET AND NUMBER		
X		ore Mary			837 North Frem	ont Arrenne	
S. SE				NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months: Days Hours Mir
Ma	10	Negro	WIDOWED		9/7/17	lost birthdoy)	Months Doys Hours Mir
					11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT COUN
	during most of working aterer	life, even if retired)			Daltimone Me	bool farm	II S A
			Pub	lic	Baltimore, Ma		U.S.A.
	ATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	
	Barthumus	Parker			Edith Scott		
		in U. S. Armed Fores, give wor or date		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		20/42 - 11/		317-07-4789	VA Hospital F	lecords. Ba	ltimore, Md 21218
	B. 1 G>	1		CAUSE OF DEA			APPROXIMATE INTERV
	DISEASE OR	CONDITION DIR	RECTLY		Carcinoma of	thyroid w	ith
		ING TO DEATH		(ANIMAMEDIATE CA			6 months =
		ean the made of nia, etc. It means		DUE TO, OR AS	USE Widespread IT A CONSEQUENCE OF:		
		ion which coused					
	ANTE	CEDENT CAUSES		(-)			
	DISEASES OR C	ONDITIONS, if	ony, giving	DUE TO, OR A	S A CONSEQUENCE OF:		
	ise to the ob	ave cause (A)					
	UNDERLYING CO	NUITION last.		(C)			***************************************
z	194 X	11	NITRIBUTING				
Ĕ I	O THE DEATH BUT	T CONDITIONS COI	HE TERMINAL				
	9A. DATE OF OPER	TION GIVEN IN PAR		WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B, IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ERTIFIC	0	WAS PERF	FORMED		Yes	IN CERTIFYING	Yes
CE	IA. ACCIDENT W	AS UNDERLYING	21 B.	PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Baltin	nore City, give exact location)
AL.	OR CONTRIBUTING DEATH (notify medic	CAUSE OF	hom etc.)		office bldg., INJURY OCCUR?		
U		nth) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	IIIRY OCCUP?	
3 0	OF INJURY	12077 (1600)		ile At Not Wh		JAN JOCOR:	
1	APPROX.)	1	Wo	7.1			
				ne deceased from	January 2nd	19 68 to Jan	uary 3rd 1968
t	hat (V (we) last	saw the decease	d alive an	January 3r	d 19 68 and t	hat in (my) (aur) a	pinion death occurred on the
					view the bady after death.		
	3A. SIGNATURE	. /	1/1	,,,,,,,	,	No. of Contract of	23B. DATE SIGNED
	V.	maes H	Howter) / DL	mending Med. Director	Staff Phys.	1/3/68
2	3C. PHYSICIAN'S	74.	7 7 - 7 (4)	DEGREE Ph	23D. ADDRESS	rnys	1/3/04
	NAME (Type)	OOMAT D II	UOOVED.		3900 Lo	ch Raven B	oulevard
		DONALD H. I		DEGRE	Baltimo	re Maryla	nd 21218
24A.	BURIAL CREMATIC	ON, 24B. DATE	24C. N	AME of CEMETERY of C	REMATORY 24D.	LOCATION	(City, town, or county) (Sto
]	Burial	1/8/68	Bal	timore Natio	nal Cemetery E	altimore	Maryland
2\$A.	DATE REC'D BY H		25B. NAME C	OF REGISTRAR	2SC. FUNERAL DIRECTO	R	ADDRESS
	JAN 8 19	368 (P.O.	5 E. J	2 Seuth A	Herbert E. N	utter 3	035 W. North Ave
	50-REV. 1/1/6B	- Ulbertal	4		* #		



V\$ 150-REV. 1/1/68

50 D. INSIDE CITY LIMITS YES X NO If Under 1 Yr. If Under 24 Hrs. Hours : Min. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS 3820 Seguoia Ave BETWEEN ONSET AND DEATH (If in Boltimore City, alve exact location) ...and that in (my) (our) opinian death accurred an the date 23 B. DATE SIGNED (City, lown, or county) 3035 W. North Ave



VS 151-REV. 1/1/68

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VS 151-REV. 1/1/68

#75 (WEST)

Terminal interest of Williams

Parished Research 2007

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or a field

and I have at heart

from the continued

recombined . Technical

20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Baltimore City, give exact location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? house

22A. EXTERNAL CAUSE WAS UNDERLYING NOR CONTRIB UTING CAUSE OF DEATH 22D. TIME (Month) (Doy) OF INJURY

(Year) (Haur) 22E.INJURY OCCURRED NOT WHILE AT WORK 1-1-68 12:30 Am.

1805 Thomas Avenue - 2nd floor 22F. HOW DID INJURY OCCUR?

I certify that I held an Inquiry Inspection XX Autopsy Accident X

and that an this bosis, death in my opinion

Found in burning house

Suicide resulted from: Natural couses ACTUAL SIGNATURE EXAMINER'S Charles S. Springate, M.D.

Homicide Undetermined manner CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DATE SIGNED

21. AUTOPSY? (Yes or No)

ASSOCIATE MEDICAL EXAMINER

January 1, 1968 (City, town, or caunty)

24A. BURIAL CREMATION,
24A. BURIAL CREMATION, REMOVAL (Specify)
Burial

NAME (Type)

(APPROX.)

248. DATE

Baltimore National Cem. 258, NAME OF REGISTRAR

24C. NAME of CEMETERY or CREMATORY

24D. LOCATION Baltimore

Maryland

2SA. DATE REC'D BY HEALTH DEPT.

2SC. FUNERAL DIRECTOR Herbert E. Nutter

ADDRESS 3035 W. North Ave

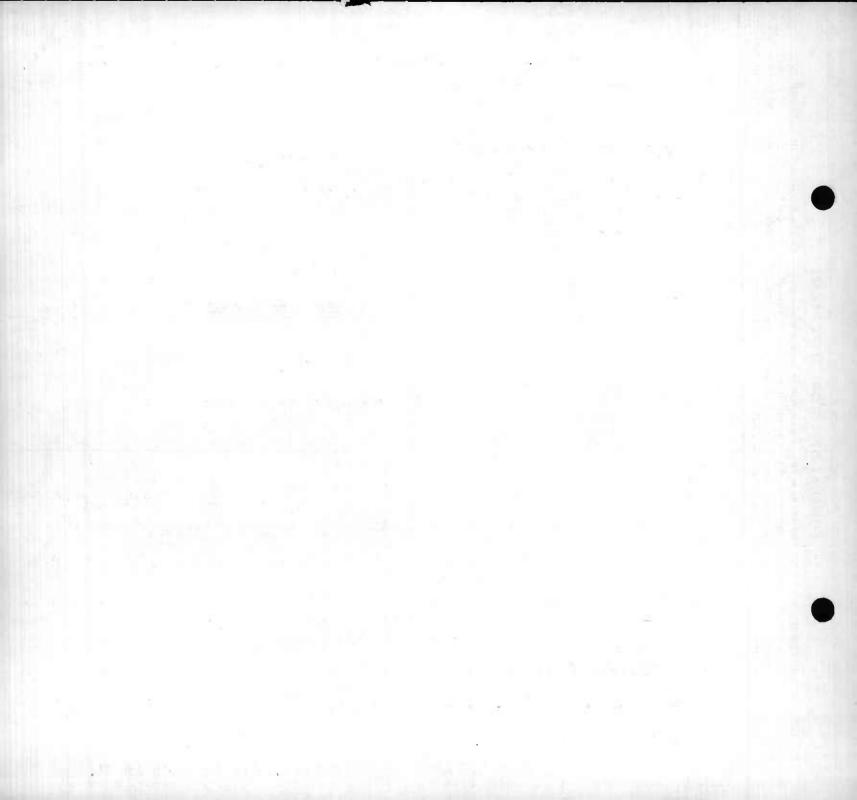
VS 151-REV, 1/1/68

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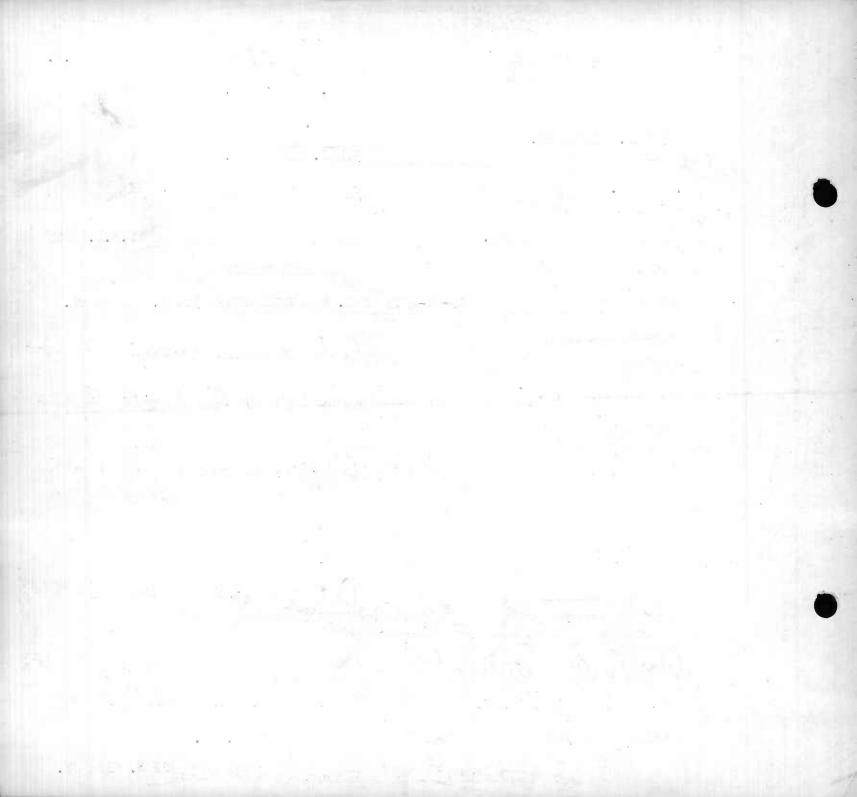
			BALTIMORE CITY	HEALTH DEPA	RTMENT					
BIRTH NO.	68	01	31 CERTIFICA	TE OF D	EATH '	EG. NO	68	-01	131	
Type or Print)	Catherin	ne	Malikowski		January 6,			1:1	15	P.
3. PLACE IN BAI	TIMORE, MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIL	B. COUNTY	ed lived. If i	institution: 1	residenc	e before	odmissio
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INST	TITUTION, GIVE STREET	Mar C. CITY OR TOW	yland	ID IN	SIDE CITY I	IMITS?	33	
NSIIIOION							YES Y		NO 🗌	
35	Church Home	& Hosp	oital		more 21231 NUMBER uth Ann Str	eet		1.20		
SEX	6. RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRT	H 9. AGE (In yeors	If Under	er 1 Yr.		er 24 H Min.
Female	White	WIDOWE		11/18/1	895 lost birth	72	Nonns	Doys	Hours	/VIIIIa
one during most of	UPATION (Give kind of work working life, even if retired) ISOWITE	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE		у)	12 . CIT		land	COUNT
3. FATHER'S NA				14. MOTHER'S				10.	Leulu	
Jose	eph	Golen		Agath	a	Szafar	Z			
	Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMANT				ADDR	ESS	
				Louis	Malikowsk	i 728	South	Ann	Stre	et
DISEASES rise to the UNDERLYIN	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last.	ony, givin	(B) DUE 10, OR AS		Eardeova	dise	ase		iog	ear
TO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	HE TERMINA								
	F OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPS	Y? (Yes or No) 20B, IF IN CE	YES, WERE	FINDINGS AUSES OF	CONS	IDERED ?	
_ OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medicol exominer	h	1B. PLACE OF INJURY (e.g., i ome, form, foctory, street, of fc.)	n or obout 21 C. W lfice bldg., INJURY	HERE DID OCCUR?	(If in Boltimo	ore City, giv	ve exoct	locotion)	
21 D. TIME	(Month) (Doy) (Year)	(Hour) 2	E. INJURY OCCURRED	21 F. HC	OW DID INJURY OC	CUR?				
(APPROX.)			Vhile At Not While At Work	е						
22. I certify	that (I) (this hospital				1955	to	1-	- 6	19	6
ond hour an	lost saw the deceased from the couses sto	ed alive an	(1) (We) (did) (did not) v		ond that in (see		23B. DA	TE SIGN	urred on	
23 C. PHYSICIA		ritz,	M.D.	23 D. ADDRESS	Park Hi	27	6.44	- 8 -	68	
24A. BURIAL CRE	MATION. 248, DATE		MAME of CEMETERY OF CRE		24D. LOCATION	1 (0	City, town,	or count	ly)	(Stote
Buria	Specify) 1/10/6		t.Stanislaus Co		Baltimo					
OF A DATE BEAT	DV HEALTH DERT	IOTO NIAAA	OF SERIOUS A	To accompany				A 40	-	

George A. Weber 705 South Ann St.

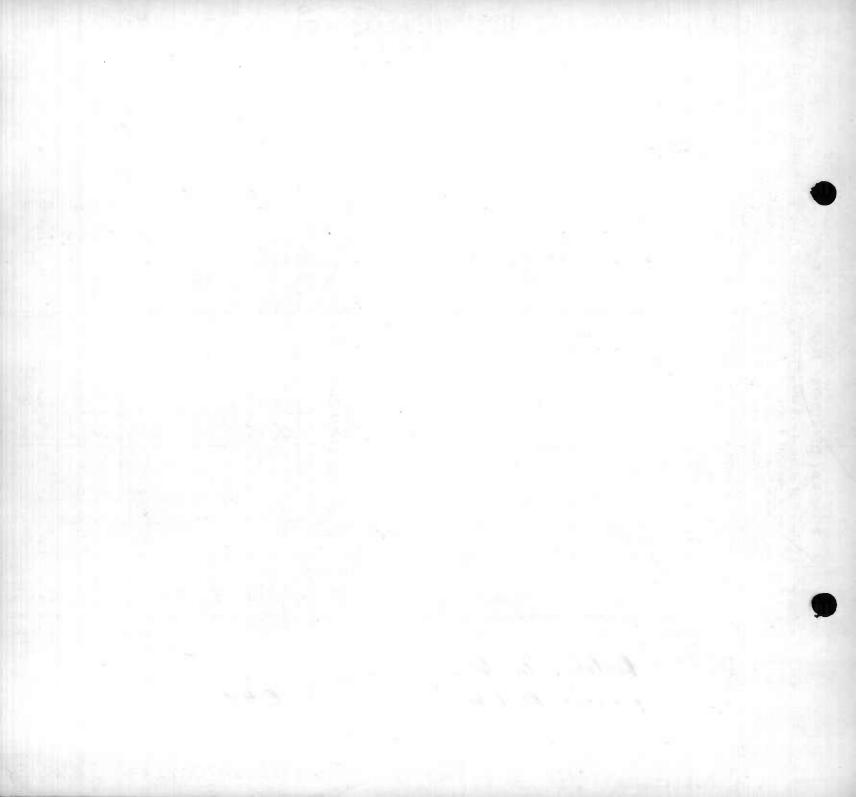
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D - 44	68	013		TE OF DEAT	200 110	68 0132
1. NAME OF DE	LEO DI	LIELIO		2. DA	143/6	I P.M.
FULL NAME OF HOSPITAL OR INSTITUTION	ITIMORE, MARYLAND, VIII IN HOSPI ADDRESS OR LOC	TAL OR INSTITU ATION)	JNCED DEAD JTION, GIVE STREET	C. CLY OR TOWN E. STREET AND NUMB 304 S. EXE	D. INS	SIDE CITY LIMITS?
5. SEX M.	6. RACE	7. MARRIED [NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost bythdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Haurs Min.
	f working life, even if retired)	SHOES.	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State of TTATY) 14. MOTHER'S MAIDEN		12. CITIZEN OF WHAT COUNTRY
15. Was Decease	d Ever in U. S. Armed Fo	rces? es of service)	16. SOCIAL SECURITY NO. 213-54-4279	CAROLINA 17. INFORMANT MRS. ANTONE	DANESE TTA BRUNO 304 8	ADDRESS S. EXETER ST.
DISEASES rise la III UNDERLYIN OTHER SIGNI	nal mean the made a , asthenia, etc. It mean mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if ne abave cause (A) G CONDITION last.	s the disease, d death.) S any, giving stoting the DNTRIBUTING	(A) IMMEDIATE CAL DUE TO, OR AS (B) AVISCE (B) DUE TO, OR AS (C) BODA	A CONSEQUENCE OF:	mulan Ju	i uk
19A. DATE O	F OPERATION 179B. CO. WAS PE	RT I (A). NDITION FOR V RFORMED 21B. hom	PLACE OF INJURY (e.g., e, form, factory, street, a	20 A. AUTÖPSY? (Yes	or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year	Whi	INJURY OCCURRED le At Not While At Work	le 🗂	D INJURY OCCUR?	Tan 3 ,69
and haur ar 23A. SIGNAT W A 23C. PHYSICI. NAME (r Carl	ed alive an ited abave. (I	January) (JHG) (did) (did not) DEGREE Phy	view the body after deending Med. 5. Oirector 23D. ADDRESS		inian death accurred an the date 23B. DATE SIGNED 1-5-67
24A. BURIAL CR REMOVAL BURIA	EMATION, 24B. DATE	24C. NA	ME of CEMETERY OF CR	EMATORY 2		City, town, or county) (Stote)
JAN 8	1968 P. J.	258. NAME C	DE REGISTRAR	25C. FUNERAL DIRE		ADDRESS 22 S. HIGH ST.

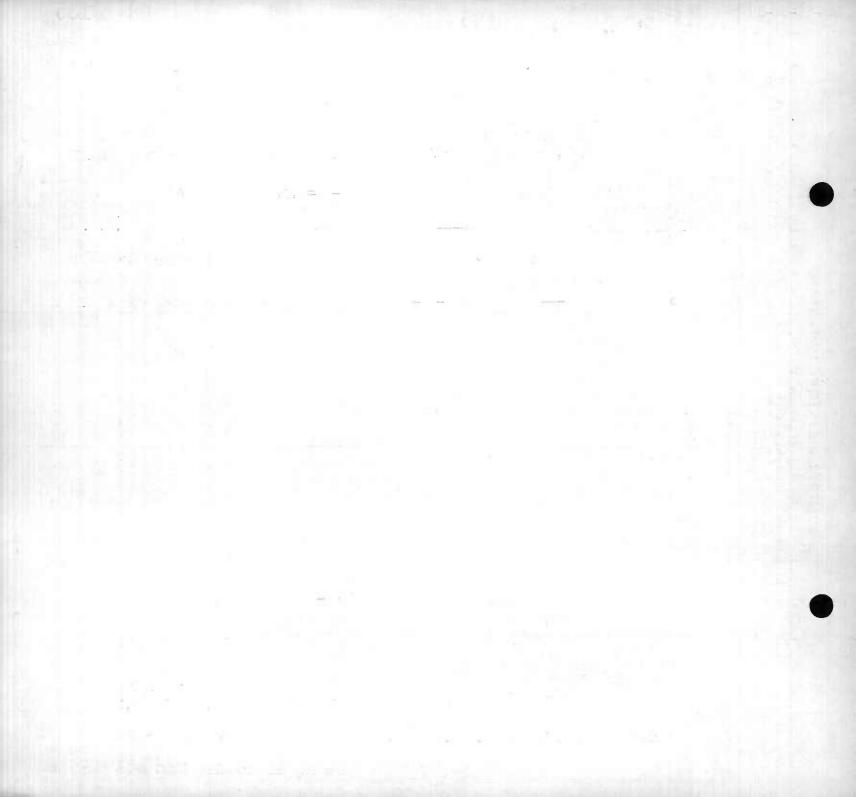


<-242	BALTIMORE CITY	HEALTH DEPARTMENT	69 0499
68	0133 CERTIFICA	TE OF DEATH REG. NO.	68 0133
BIRTH NO.			
NAME OF DECEASED Type or Print)	STEPHAI	4 19 4 4	1 14 0
50KOLOWS.	KI MRS STEL		
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If i	nstitution: residence before admission)
THE NAME OF THE NOT IN USERIAL OF	TREET THE CONTROLLED	MARYLAND	001
HOSPITAL OR ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET		SIDE CITY LIMITS?
ASTITUTION	MACRITAL	BALTIMORE	YES NO
CHURCH HOME AND	HOSPITAL	E. STREET AND NUMBER	153 6
26		2021 BANK ST	
	ARRIED NEVER MARRIED	B. DATE OF BIRTH 19. AGE (In years	Months Days Hours Min.
F W WID	OOWED DIVORCED	6-18-1896 st birthday	
DA. USUAL OCCUPATION (Give kind of work 108. K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foleign country)	12. CITIZEN OF WHAT COUNTRY
one during most of working life, even il retired)		POLAND	0
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	POLARIO
	inuli'		
FRANK BANACH	ruw /	UNKNOWN	
. Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
es, no or unknown) (If yes, give war or dates of s	ervice) SECURITY NO.	- 011	
110		JARE SHOPERLEIN	
1B. 25 0, 9 1	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	Y		
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE Adam - STOKES	13 bvs
(This does not mean the mode of dying	DUE TO, OR AS	A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the d injury or complication which coused death			
ANTECEDENT CAUSES		1 - 1 - 1	0
	(B) Hype	Munue cardiac disea	se Several 48
DISEASES OR CONDITIONS, if ony, rise to the obave couse (A) statis			0
UNDERLYING CONDITION last.	10 Diab	elies Melletin	
3 / 3/ 11	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
OTHER SIGNIFICANT CONDITIONS CONTRIB	HTING		
= 110 THE DEATH BUT NOT RELATED TO THE TER			
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A)	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE	EINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ED CHECK WHICH OFERATION	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
X			
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	n or obaut 21C. WHERE DID (If In Boltima fice bldg., INJURY OCCUR?	ore City, give exact location)
DEATH (notify medical examiner)	etc.)		
21D. TIME (Month) (Doy) (Year) (Ho	UT) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
E OF INJURY	While At Not Whil	e 🗂	
(APPROX.)	Work At Work		
22. I certify that (N) (this haspital) atte	ended the deceased from	2 - 30 - 1967 to 1	- 4 - 19.68
that (N (we) last saw the deceased oli	wa an 1 - 4 -	1968 and that in (May) (aur) ap	
	Transport of the Control of the Cont		mindi death accurred an the dail
and haur ond fram the causes stated al	pove. (h) (We) (did) (did not) v	iew the body after death.	
23A. SIGNATURE			23B. DATE SIGNED
Rodelin (m	///// Dhu	Med. Staff Director Phys.	1-4-67
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	
NAME (Type)	1.5	BILL	
Rodello M.	LIM	CITH	
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRI	MATORY 24D. LOCATION (C	City, town or county) (State)
P. I I I I I	11-11 0	0 0	BALLO
DURIAL 1/8/68	HOLYKOSARY	CEM DURGALK	Ma
SA. DATE REC'D BY HEALTH DEPT 258.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS NO!
JANO 1300 Uplet	C, denoco, m	John M. WEBER KON	SINCE SCHESTER
/S 150-REV. 1/1/6B			

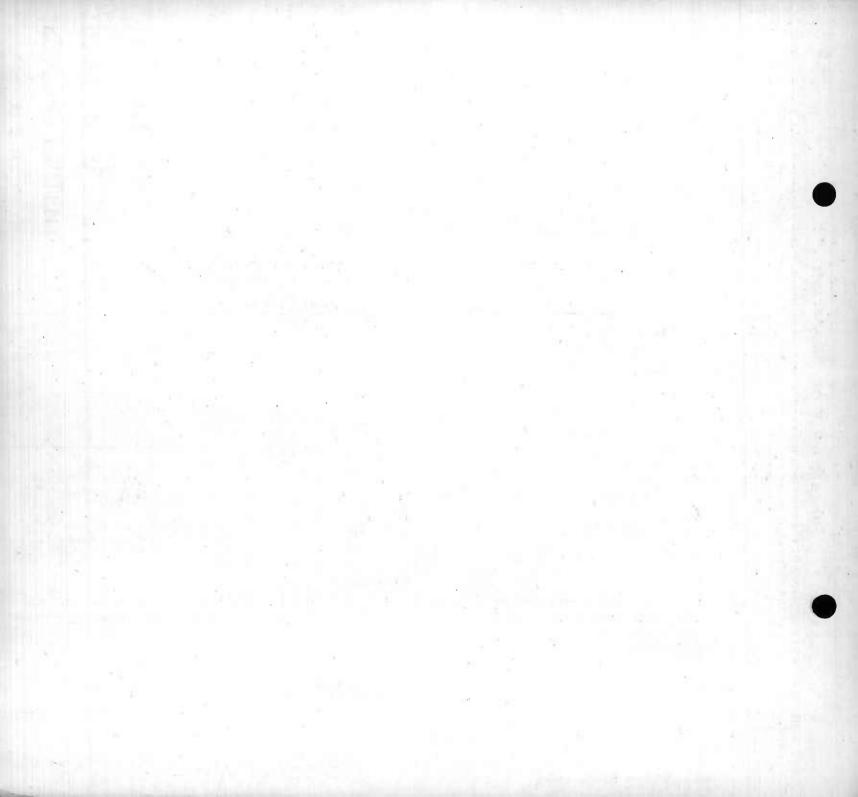


00 ULO4 BALTIMORE CITY HI	EALTH DEPARTMENT 68 0134
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print) A NICEL TATE DETERMINE	2. DATE Known Month Doy Year Hour
(Type of Print) ANGELINE DEVAUX	OF DEATH Estimoted January 4, 1968 9:38 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD January 4, 1968 9:38 P.M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
904 Kenwood Avenue	A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs North 10. AGE (In years Months, Doys, Hours, Min.	
DEC13 1925 42.5?	904 Kenwood Avenue
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
BALTIMORE MD WHAT COUNTRY?	PETE ZINNAWOOA
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired) HOUSE WIFE -	ANNA KOLASKI
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
220-14-742	7 HELEN WIERZBOWSKI 2049 E LOMBARD ST
19. CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY Stab W	ound of Chest
LEADING TO DEATH (A)IMMEDIATE	CALISE
	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (R)	
	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No)
0	Yes
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.	, in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) ce bldg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. Output	904 Kenwood Ave. Basement kitchen
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) 1 4 1968 UNK WHILE AT NO NORK AT	Stabbed during argument
23. Al	WORK
I certify that I held an Inquiry Inspection A	utapsy 🛚 and that on this basis, death in my aplnion
resulted from: Notural causes Accident Suici	de Homicide X Undetermined manner
11/2 1 5-6	CHIEF MEDICAL EXAMINER
SIGNATURE MEMBELL M. M.	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 1-5-68
NAME (Type)	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	
BURIAL JAN 9 1968 HOLY ROSA	RY CEMETERY GERMAN HILL RD MM
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JAN 8, 1968 P. D. & E. Farbura	DIPPEL BROS INC 1800 E LOMBARD ST
7	

0135 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before D. INSIDE CITY LIMITS? YES X NO 21231 If Under 24 Hrs. Hours Min. It Under 1 Yr. Doys Months 12. CITIZEN OF WHAT COUNTRY? U.S.A. Rosenblum ADDRESS Records: BCH-4940 Eastern Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) 19 68 and that In(my) (aur) apinian death accurred an the date 23B. DATE SIGNED Baltimore City Hospitals 4940 Eastern Avenue, Baltimore, Maryland (City, town, or county) (Stote) Md O Donnell Street ADDRESS The Dippel Bros Inc 1800 E Lombard St VS 150-REV. 1/1/68



VS 150-REV. 1/1/6B



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Burial

VS 150-REV. 1/1/6B

25A. DATE REC'D BY HEALTH DEPT.

1/9

68

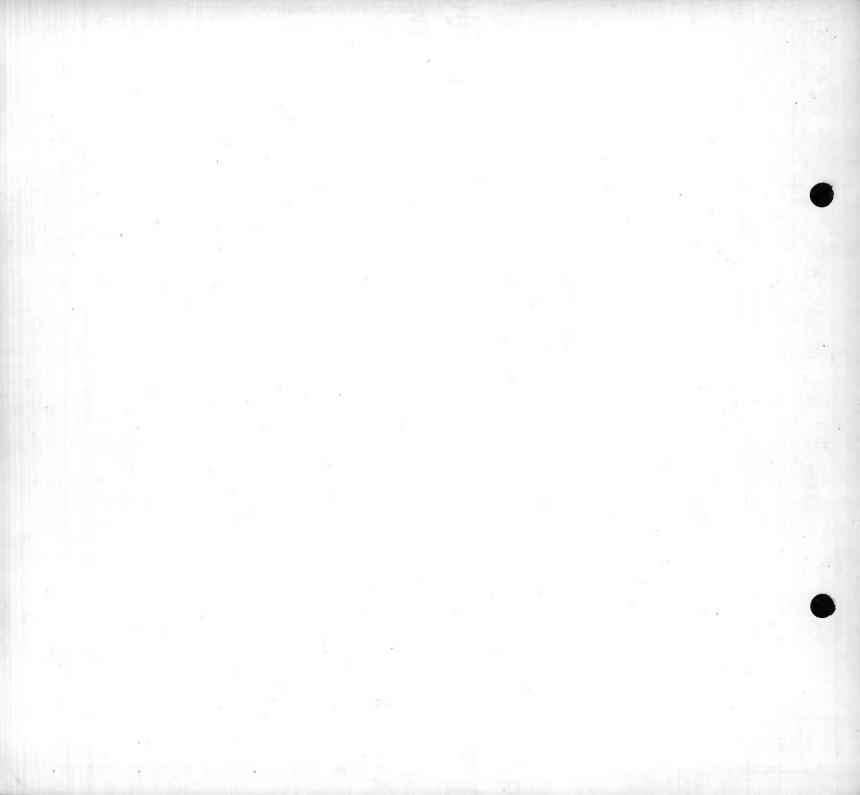
25B. NAME OF REGISTRAR

Baltimore National 2SC. FUNERAL DIRECTOR

Baltimore, Md.

ADDRESS

Charles A. Rice 661 W. Barre St.



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(407	1-	(3	ı
7		0	15	ı,

		MED	ICAL	EXAMINER'S	CERTIFI	CATE OF	DEATH	REG. NO	68	0138
BIF	RTH NO.							REG. NO.		
1.	NAME OF DEC	EASED			2. DATE	Known 🔯	Month	Doy	Yeor	Hour
(1)	pe or Print)	BEATRIC	CE GRE	ENWOOD	OF DEATH	Estimoted [1	7	68	11:00 AM
4.	PLACE IN BAL	TIMORE, MARYLAND, W			3. DATE		Month	Doy	Yeor	Hour
FUI	L NAME OF		L OR INSTIT	UTION, GIVE STREET		JNCED DEAD	1	7	68	11:00 AM
OR	INSTITUTION					ESIDENCE (Where			: residence	before odmission)
		143 Nanticoke			ll .	layland			imore	
6.	SEX	7. RACE	8. MARRIE	D NEVER MARRIED	C. CITY OR	TOWN	D	. INSIDE CI	TY LIMITS?	
	Female	White	WIDOWE	D DIVORCED	I F	altimore		YE	s X	NO 🗆
	DATE OF BIRTI	lost birthdoy		FUnder I Yr. If Under 24 Hrs. lonths Doys Hours Min.		AND NUMBER				A
		20, 1913 54				143 Nanti	coke St.			State C
11.		tote or foreign country)		WHAT COUNTRY?	13. FATHER		Veior			**Spark() Singar growth
140		oline Co., Md		OF BUSINESS OR INDUSTRY	15 MOTHE	George 1				
	e during most of w	orking life, even If retired)	40. KIIAD C	OF BUSINESS OR HADUSIK	I IS. MOTHE	K 3 MAIDEN NAI	AIE			
	Housew					Loretta	XHMMRHX	Donnu	ır	
16.	WAS DECEAS	Of yes, give wor or dotes	FORCES?	17. SOCIAL SECURITY NO.	18. INFOR	TAAN		A	DDRESS	
116	No	(if yes, give wor or doles t	or service)	216-12-1202	Geo.	W. Greenwo	ood 1143	Nanti	coke	St. Balto 30
	19. / 4	10	MET	CAUSE OF DEA		W OZCEM	Jou 11 13	Halles	Al	PPROXIMATE INTERVAL
	DISEAS	E OR CONDITION DIREC	TIV			4.				
		LEADING TO DEATH	.11.1			cinomatos	is			
		ot mean the made of dyl	ng. e.g	(A) IMMEDIATE C	AS A CONSEC	HENCE OF				
ш	heort foilure	, osthenio, etc. It meons the aplication which caused dea	diseose,	DUE TO, OK	43 A CONSEG	DENCE OF:				
	injury or con	ipiicolloli which coosed deo	m. <i>j</i>			9-4				
	1A	NTECEDENT CAUSES		/p\						
		OR CONDITIONS, IF ANY	GIVING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:	000-0-0			
н	RISE TO THE	E ABOVE CAUSE (A) STAT NG CONDITION LAST.	ING THE							
Z	GINDERETTI	O CONDITION (ASI.		(C)					********	
CERTIFICATION	199.2									
\delta		FICANT CONDITIONS CO								
正		CONDITION GIVEN IN PA								
7	20A. DATE OF	OPERATION 208. CON	DITION FO	OR WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
បី	5									No
7	22A. FXTER	NAL CAUSE WAS	las	D DI ACE OF INITION	In an about 1	OC WHERE DID	/// no politica and /	716	- 1	
EDICAL	UNDERLYING	OR CONTRIB-	ho	B. PLACE OF INJURY(e.g., ome, form, foctory, street, offic	e bldg., etc.)	NJURY OCCUR?	(If In Boltimore	Lity, give exc	ct location)	
Z		(Month) (Doy) (Year) (Hour)	22E.INJURY OCCURRED	- 2	2F. HOW DID IN	JURY OCCUR)		
	OF INJURY (APPROX.)		m	WHILE AT NOT	WHILE					
	23.							100		
	I cert	ify that I held an Ir	nquiry 🗌	Inspection XX Au	tap sy	and that an t	his basis, de	ath in my	opinian	
	result	red fram: Natural cau:	Ens X	Accident Suicio	ы П	micIde 🗌	Undetermine	d manner [7	
		1				CHIEF MEDICAL E		7		
	ACTUAL	11880	1	// _	-					DATE SIGNED
	SIGNATI	JRE MOTIO	11-	M.D	AS S1	STANT MEDICAL	XAMINER L	4		
	EXAMIN		1	. 3	ASSC	CIATE MEDICAL E	XAMINER _			1-8-67
	NAME (T	ype) WERNER U	. SPI	Z, M.D.				1777		
	A. BURIAL CREA MOVAL (Specif		V	24C. NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, town	, or county) (Stote)
	Buria	1 1122 10	8	Junior Orde	r Cemet	erv	Preston.	Mary	land	
25	A. DATE RECO			ME OF REGISTRAR	25C.	FUNERAL DIRECT	OR	A	DDRESS	-
	JAN 8	BY HEALTH DEPT.		tabeuna.						
		1000	1		Wm	. Cook-Br	ooks, Ir	ic. 12	L7 St.	Paul St.

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つてつ	BIRTH NO.				EXAMINER'S		0, (1-2-0)		REG. NO.	
- Andrews	1. NAME OF DEC	EASED UNA			HAMILTON	2. DATE OF	Known 🖾	Month		Year Haur
	4. PLACE IN BAL		YLAND, WHER	RE PRON		DEATH 3. DATE	Estimated	Month	5, 1968	11:25 A _M
	FULL NAME OF HOSPITAL	(IF NOT	IN HOSPITAL OF	R INSTITUT	TION, GIVE STREET	PRONOU	INCED DEAD J	anuary 5		11:25 A.
48	or Institution Maryland			The second	(DOA)	A CTATE	SIDENCE (Where		lf institution: resi COUNTY	idence belore odmissian)
99	6. SEX	7. RACE	B. A	MARRIED	NEVER MARRIED	C. CITY OR	TOWN	D.	INSIDE CITY LI	MITS?
0	Male	White	wı	DOWED	☐ DIVORCED ☐	Balt	imore		YES X	No 🗆
	9. DATE OF BIRTI		10. AGE (In year last birthday) 69	Moi	Under 1 Yr. If Under 24 Hrs. nths Days Hours Min.		ND NUMBER Lafayette		e Nursin	
	11. BIRTHPLACE (S	tate or loreign	country)	12.	CITIZEN OF	13. FATHER'S	SNAME			
	Carroll	ton, Ga	1.		WHAT COUNTRY?	Oscar	M. Hamil	lton		
	14A.USUAL OCCU	PATION (Give	kind of work 14B. n il retired)	KIND OF	BUSINESS OR INDUSTR	15. MOTHER	'S MAIDEN NA	ME		
	Auto Me	chanic			Repair		?	Williams		
	(Yes, no ar unknawn)	ED EVER IN U	.S. ARMED FO or ar dotes of se	RCES?	17. SOCIAL SECURITY NO.	IB. INFORM	IANT		ADDRE	SS
	No			-	252-01-4178A		n-Hightov	ver Fun.	Home, Ca	arrollton, Ga
	19. 4/	3141			CAUSE OF DEA		01:	1 D		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDIT	TON DIRECTLY		Arteriosc	Teroric	Cardiova	iscular D	Isease	
	(This does no	of meon the m	nade of dying,	e.g.,	(A) IMMEDIATE O	AS A CONSEQU	UENCE OF:			
			t meons the dise caused death.)	ose,						
	An An	NTECEDENT C	Alises		4-1					
	DISEASES	R CONDITIO	NS, IF ANY, GIV	VING	(B)DUE TO, OR	AS A CONSEC	UENCE OF:		The Control of the Co	
	UNDERLYIN	IG CONDITIO	SE (A) STATING N LAST.	IME	(C)					
	P # 22,				(5)					
	OTHER SIGN	TH BUT NOT R	DITIONS CONTI RELATED TO THE BIVEN IN PART	TERMINA						
	20A. DATE OF	OPERATION	20B. CONDIT	ION FOR	R WHICH OPERATION WA	AS PERFORM	ED		21.	AUTOPSY? (Yes ar Na) Yes
	V 22A. EXTERI UNDERLYING UTING □ CA		RIB-	22B. hom	PLACE OF INJURY (e.g., ee, form, foctory, street, offic	in ar about 22 e bldg., etc.) IN	2C. WHERE DID NJURY OCCUR?	(If in Boltimore Ci	ty, give exact loc	otion)
	22D. TIME (. /	22E.INJURY OCCURRED		2F. HOW DID IN	JURY OCCUR?		
	(APPROX.)		4			ORK				
	23.	Su Aban I I -	ld on Inqui		Annuali A		and al	Lie keete d	al. to	
						topsy X		hls bosis, deo		lion
	result	ed from No	tural couses	M /	Accident Suicio		micide CHIEF MEDICAL I	Undetermined	monner []	
	ACTUAL		Sue !	-	200	ASSIS	STANT MEDICAL I			DATE SIGNED
	SIGNATU EXAMINI NAME (T	R'S W	erner U	Spy	tz, M.D.		CIATE MEDICAL E		1	L-5-68
	24A. BURIAL CREA REMOVAL (Specil	MATION, 24	B. DATE	2	4C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, tawn, or	caunty) (State)
	Removal		-6-1968		Martin-Hightow	er Fun.	Home Ca	rrollton	, Ga.	
	25A DATE REC'D					25C. F	UNERAL DIRECT	OK	ADDRI	533
ı		1200 1	obub &	, Va	WEUTH	T.Ten	Cook-Bro	.1 - 7 -	D 14	01000

of the Court is continued as the 10-2 in

68 0140 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 68 0140

BI	RTH NO.									REG. NO		
	NAME OF DEC pe ar Print)		RANK DI	ETTMA	N		2. DATE OF DEATH	Known Estimated	Month 1	Day 4	Year 1968	12:30P _M
FU	PLACE IN BALT LL NAME OF SPITAL INSTITUTION	(IF NOT		L OR INST		DUNCED DEAD DN, GIVE STREET		UNCED DEAD		Doy 4, 196		12:30 P _M
	00	2450	reenm	ount	Str	eet	A. STATE	Maryland	P	. COUNTY	residence t	perore damission)
	SEX	7. RACE				NEVER MARRIED	C. CITY OR			D. INSIDE CIT	Low	
	Male	White	10. AGE (Ir	WIDOW		DIVORCED Lider 1 Yr. If Under 24 Hrs.	E. STREET	Baltimor	e	YES	<u>X</u>	NO .
	1-18-18	389	lost birthdo 78		Mont	hs, Days, Haurs, Min.		2450 Gre	enmount	t Street	/	5-03
	Balto.	, Md.			٧	HAT COUNTRY?		k Dettman				
dor	e during most of w	arking life, eve	n if retired)			SUSINESS OR INDUSTRY						
1-	levator WAS DECEASE					Store	Joha	annah John	nson	ADI	DRESS	
(Ye	s, na ar unknown) NO	(If yes, give w	or or dotes	of service)	SECURITY NO. 218-10-4796		Anderson	964 Ba	v Ridge	Ave.	19
	19. 4	259				CAUSE OF DEA			2	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AP	PROXIMATE INTERVAL
		OR CONDI		CTLY		Arterios	cleroti	c cardiov	ascular	diseas	е	
	(This daes no	EADING TO at mean the r asthenia, etc.	node of dy	Ing, e.g., disease,		(A)IMMEDIATE (DUE TO, OR A	AUSE AS A CONSEQ	UENCE OF:				- n n n n - n - n - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	injury or com	plication which	coused dec	oth.)								
NO	DISEASES C	R CONDITIO ABOVE CAU IG CONDITIO	NS, IF ANY	, GIVING ING THE		(B)	AS A CONSE	QUENCE OF:				
CERTIFICATION	TO THE DEA	IFICANT CON TH BUT NOT I CONDITION (RELATED TO	THE TERM	INAL	100000000000000000000000000000000000000						
ERT	20A. DATE OF	OPERATION	20B. CON	NOITION	FOR	WHICH OPERATION W	AS PERFORM	IED			21. AUTO	PSY? (Yes ar No)
7	22A. EXTERN	101 001105			000 5						NO	
EDIC/	UNDERLYING UTING CAI		RIB-		ham e	LACE OF INJURY(e.g., , form, foctory, street, offic	e bldg., etc.)	NJURY OCCUR?	(It in Baltimare	: City, give exact	lacatian)	
Σ	OF INJURY (APPROX.)	Manth) (De	y) (Year) (Hou	. W	CHILE AT NOT AT W	WHILE CORK	2F. HOW DID IN	JURY OCCU	R?		
	23.	fy that I he	ld on I	nquiry [Inspection X Au	topsy 🗌	ond that on t	his basis, c	deoth in my o	pinian	
	result	ed from: No	turol cou	ses X	A	cident Suicio	le 🗌 Ho	omicide 🗌	Undetermin	ed manner 🗌]	
	ACTUAL SIGNATU	RE Ch	uls	5.	S	Tel M.D	ASSI	CHIEF MEDICAL I				DATE SIGNED
	EXAMINE NAME (T	R'S Ch	arles	s. s	pri	ngate, M.D.		CIATE MEDICAL	EXAMINER [Janu	ary 4	, 1968
	A. BURIAL CREW MOVAL (Specif	y)	B. DATE		240	. NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION 14	(City, town,	or county)	(Stote)
	Burial		1-8-19			t. Olivet Cen			Ellicot	t Gity,		
25	A. SATEREGOD	BY HEALTH D	Tobel			OF REGISTRAR		Cook-Bro			DRESS	1. 21202
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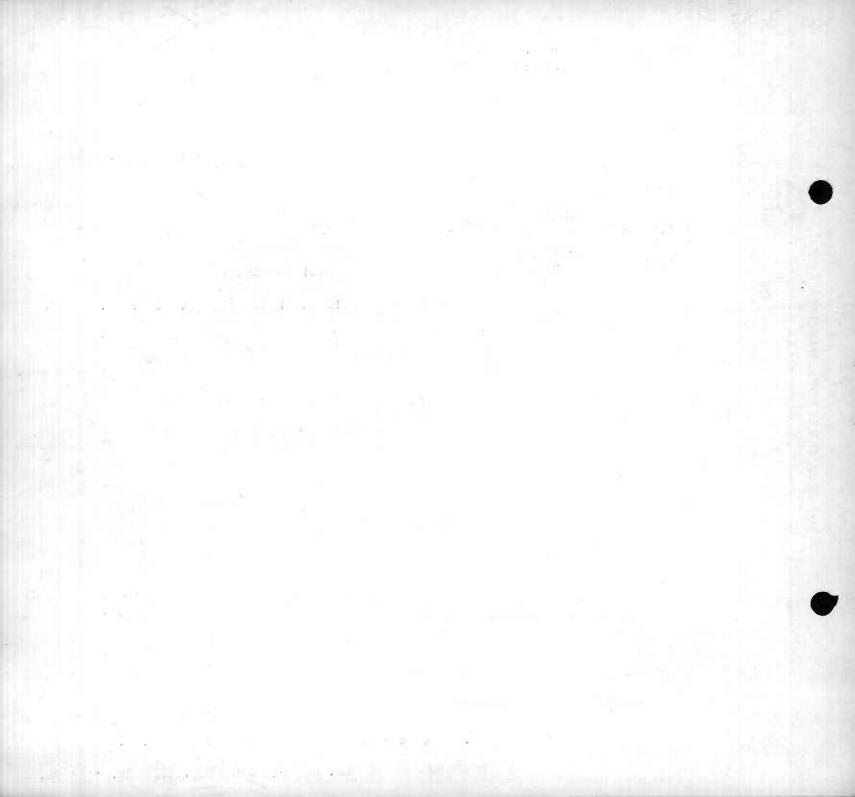
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VS 150-REV. 1/1/68

(Type or Print)	WAGNER	, John G	eorge	1/5/6	HOUR OF DEATH	9:50 P
FULL NAME OF HOSPITAL OR INSTITUTION	Veterans Adi	ospital or instruction in structure of the structure of t	stitution, give street tion Hospital d	A. STATE B. COUN	larford C	SIDE CITY LIMITS? YES NO
~~	Baltimore,	MELATERIN	21210	213 Kennard Av	re	62-00
Male Male	6. RACE White	WIDOW		3/29/96	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	CUPATION (Give kind or of working life, even if refu		OF BUSINESS OR INDUSTRY	17. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNT
Electric	ian Ret.			New York		U.S.A.
Steven W	AME			Mary Rajtegeze		
5. Wos Deceas	ed Ever in U. S. Armer wn) (If yes, give wor or 6/24/18 t	dotes of service	16. SOCIAL 9 094-12-78-72	VAH Hosp. Balte	Records Md 21218	ADDRESS
	not meen the mode	e of dying, e	-9-, DUE TO, OR AS	A CONSEQUENCE OF:		2 Hrs
DISEASES rise to UNDERLY!	nol meon the mode, osthenio, etc. If momplication which control of the control of	e of dying, e eons the disec used deoth,) JSES if ony, giv (A) stoting	ing (c) History	Obstructive Luna CONSEQUENCE OF: Of M.I.	Lmonary Emb	3 Yrs 5 Yrs
DISEASES rise IO UN DERLYI ###################################	nol meon the mode, osthenio, etc. If momplication which control of the control of	e of dying, e eons the disecused death,) JSES if ony, giv (A) stoting . CONTRIBUTINTO THE TERMIN	ing (B) Chronic (B) DUE TO, OR AS (C) History	Obstructive Luna CONSEQUENCE OF: Of M.I.	Lmonary Emb	3 Yrs 5 Yrs 10 Yrs
DISEASES rise lo UNDERLYI ## 200 OTHER SIGN TO THE SIGN TO THE SIGN DISEASE OR 19 A. DATE	nol meon the mode, osthenio, etc. If momplication which co ANTECEDENT CALL OR CONDITIONS, the above cause NG CONDITION lost I I I I I I I I I I I I I I I I I I I	e of dying, e eons the disecused death,) JSES if ony, giv (A) stoling . CONTRIBUTIN TO THE TERMIN PART 1 (A). CONDITION FO	ing (B) Chronic (B) DUE TO, OR AS (C) History AG AL History OR WHICH OPERATION	Obstructive Lun A CONSEQUENCE OF: Of M.I. Of CVA 20A. AUTOPSY? (Yes or No	Disease Disease 208. IF YES, WERE IN CERTIFYING C.	3 Yrs 5 Yrs 10 Yrs E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES rise lo UN DERLYI H2 0 OTHER SIGN TO THE DE DISEASE OR 19 A. DATE 21 A. ACCIE OR CONTR DEATH (not)	nol meon the mode, osthenio, etc. II momplication which co ANTECEDENT CAL OR CONDITIONS, the above cause NG CONDITION lost II and the condition of the conditio	e of dying, e eons the disecused death,) JSES if ony, giv (A) stoling . CONTRIBUTIN TO THE TERMIN PART 1 (A). CONDITION FO	ing (B) Chronic (B) DUE TO, OR AS (C) History	Obstructive Lun A CONSEQUENCE OF: Of M.I. Of CVA 20A. AUTOPSY? (Yes or No NO in or obout 21 C. WHERE DID	Disease Disease 208. IF YES, WERE IN CERTIFYING C.	3 Yrs 5 Yrs 10 Yrs
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NO THE SIGN TO THE DESCRIPTION OF PRODUCT OF	nol meon the mode, osthenio, etc. II momplication which co ANTECEDENT CALL OR CONDITIONS, the above cause NG CONDITION lost of the condition o	e of dying, e eons the disecused death,) JSES if ony, giv (A) stoting CONTRIBUTINT TO THE TERMIN PART 1 (A). CONDITION FOR PERFORMED NG (Hour) pital) attended eased alive of eons.	Chronic (B) DUE TO, OR AS (B) DUE TO, OR AS (C) DUE TO, OR AS (C) History (C)	CONSEQUENCE OF: Put Cobstructive Lui A CONSEQUENCE OF: Of M.I. COF CVA 20A. AUTOPSY? (Yes or No NO In or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJ Le	Disease 208, IF YES, WERE IN CERTIFYING C. (If in Boltimo	3 Yrs 5 Yrs 10 Yrs E FINDINGS CONSIDERED AUSES OF DEATH?
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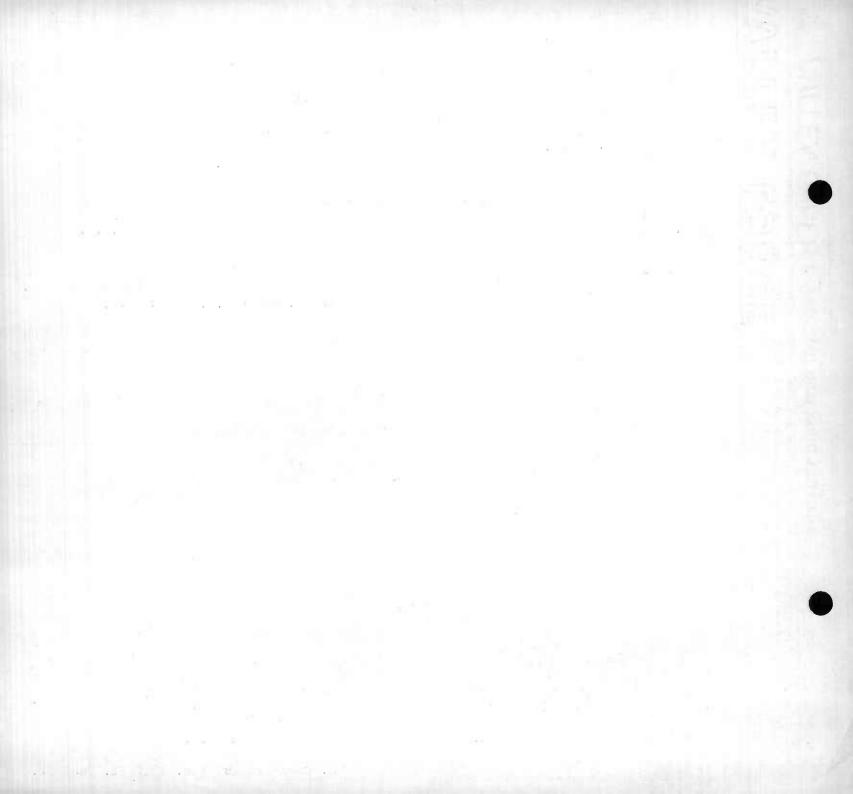
4 V3:0 *<u>\$</u>(· · their particular and order LV PLO EA L Seed told Jen yuksiyismin 00 co 80 la 1936 THINK LOYES BILITS LA JOSES , GRON ERV STANDARD ETVISATION STANDARD EST esiste amortica u __ ale __ ale __ aleurit u _ 21. 0 *** *** ***** 51. . So el minuto 1/0/1 1-12-1, 1-12-11 ... Verce Ha et 2012, 2010., 14.

from C.	BALTIMORE CITY HEALTH DEPARTMENT 68 0142
2 2 0 0 T	OF ULSE CERTIFICATE OF DEATH
deat deat cease on th	(Type or Print)
F 2 2 2 4	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission
hospita ise of (5) Dec ance o death.	A. STATE B. COUNTY
hosp ise (5) and dea	HOSPITAL OR ADDRESS OR LOCATION) GUY ON TOWN
2 · T	INSTITUTION D. INSIDE CITY LIMITS?
o S a	UNIVERSITY OF MAYLAND HOSPITAL BALTIMORE YES NOW
ting d cau d cau	E. SIREET AND NUMBER
	50 9/4 BIVERSIDE Rd. 21221 33-00
curr tribu mine gula sed mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours Min.
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or c ndet in dec	BXXXX CHEFKER TRANSPORTATION NEW YORK
de de sit	13. FATHER'S NAME
T if death irect or c (4) Undet was in the decision is position	YYYYYY EMORY BENJAMIN
diy (b)	Martha Sartwell
AN Stant ind; eath e on	15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO.
RTAI ssista the the kind dea	No 114-20-9232 John G. Whitty 414 Riverside Rd. Balto. 212
A ## ^D 0 .	18. APPROXIMATE INTERVAL
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or halso	LEADING TO DEATH
	(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,
A: er. ctu pro lar	injury or complication which coused death.)
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ERA ef m medy budy budy budy budy budy budy budy bu	DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OR CONDITION GIVEN IN PART 1 (A). 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
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FUN by by 2) Bo 2) Bo re th phys	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in option) 21C. WHERE DID (If In Boltimore City, give exact location)
=======================================	OR CONTRIBUTING CAUSE OF AUTOMOTION CONTRIBUTION CAUSE OF AUTOMOTION
A N A A	O
osp attu (6)	21D.TIME (Month) (Doy) (Yeer) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
a d e a b e	While At Not While At Work
ny excess	22. I certify that (I) (this haspital) attended the deceased from 12/29/69 1967 to 16 1968
0 0 0 0	that (I) (we) last saw the deceased alive an 1965 and that In(my) (aur) apinian death accurred an the dat
0 0 7 7	and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.
ust be ased dent ospit deat	23A. SIGNATURE
D D C C	Attending Med. Staff .
a h	23C. PHYSICIAN'S 23D. ADDRESS
at and	NAME (Type)
rificate m y was reli (1) An acci).A. at a b d prior to	DANDRA ZI SALAN MODEGREE WAID OF MIN, HOS
d y Cope	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
certificat sody was s: (1) An D.O.A. at ased prio	Burial 1/12/68 Mt. Hope Cemetery Ticonderoga, N. Y.
	25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS
This the show was dece	JAN 8 1968 Robert E. Farberta Wm. Cook-Brooks, Inc. 1217 St. Paul St.
	VS 150-REV. 1/1/6B



VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



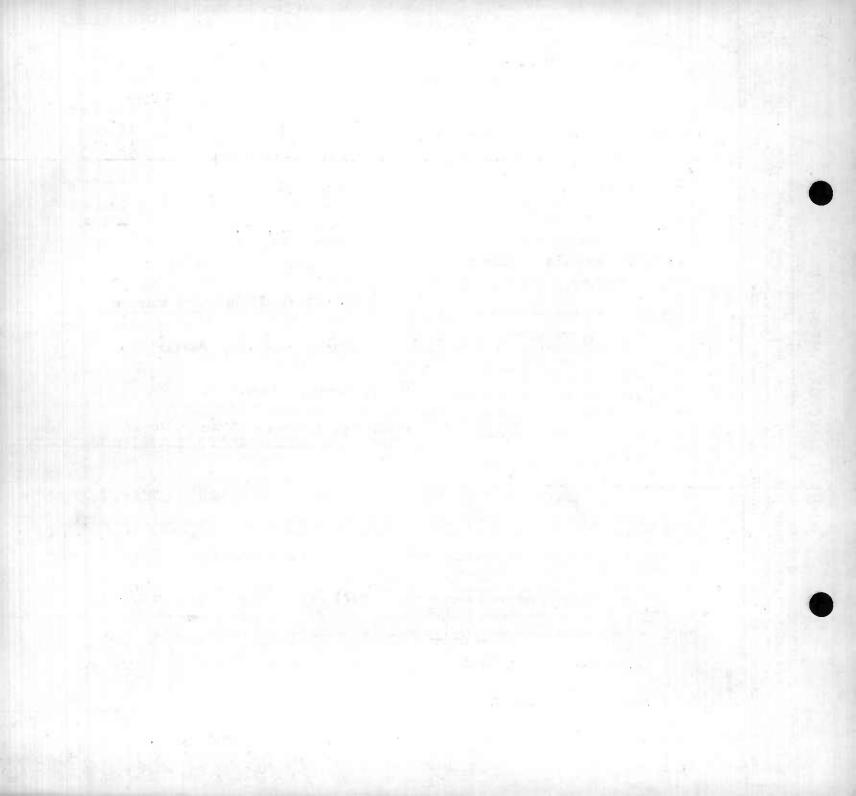
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IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



68 0146 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF D	DEATH	68	014
				REG. NO.	012	

BIRTH NO.					0. 22/1.	REG. NO.)()	0 42 2 0
I. NAME OF DEC	EASED			2. DATE Known	Month .	Doy	Year	Hour
(Type or Print) MA	URICE	BARSOTTI	BARSOKEE	OF DEATH Estimote	d 🗆 Janua	ry 5,	1968	1:50 P. M
4. PLACE IN BAL	TIMORE, MARYLAND	, WHERE PRON	OUNCED DEAD	3. DATE	Manth	Day	Yeor	Hour
FULL NAME OF	(IF NOT IN HOS	PITAL OR INSTITUT	TION, GIVE STREET	PRONOUNCED DE	AD January	5, 1968	3	1:50 P.M
OR INSTITUTION	ÀDDRESS OR LO	CAIION)		5. USUAL RESIDENCE				
Johns Ho	pkins Hospi	tal		A. STATE Maryla	•	B. COUNTY	2	2-01
6. SEX	7. RACE	B. MAPPIED	NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CITY	LIMITS?	22
Male	White	WIDOWED		Baltimore			ואו	. —
9. DATE OF BIRTH	H IIO AGE	Un voore # 1	Jnder 1 Yr. If Under 24 Hrs.		RED	YES	X	ио Ц
Aug. 13,		Moi	nths Days Hours Min.	3513 Roysto				
	tate or foreign country	1) 12.	CITIZEN OF	13. FATHER'S NAME				
	aly		WHAT COUNTRY?		John Ba	rsotti		
done during most of w	PATION (Give kind of wo corking life, even if refire Plasterer	ark 148. KIND OF	BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDE		istina B	runic	ardi
14 MAC DECEASE	ED EVED IN ILS ADA	AED FORCESS	II7 SOCIAL	18. INFORMANT			DRESS	
(Yes, no ar unknawn)	(If yes, give war or do	les of service)	17. SOCIAL SECURITY NO.	Mrs. Mary Al	lice Barso			Same)
19. 4	28	-	CAUSE OF DEA					PROXIMATE INTERVAL
			Arterio	sclerotic Car	diovascul	ar Diseas	SP	VEEN ONSET AND DEAT
	E OR CONDITION DI LEADING TO DEATH	IKECITA				ar Dibeat	,	
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1,000		,						
	NTECEDENT CAUSES		(B)					
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UNDERLYIN	G CONDITION LAS		(c)					
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₹ 22A. EXTERI	NAL CAUSE WAS	228	PLACE OF INJURY(e.g.,	in ar obaut 22C. WHER	DID (If in Boltimo	re City, give exoct	lacotion)	
UNDERLYING	OR CONTRIB-	ham	e, form, foctary, street, offic	e bldg., etc.) INJURY OC	CUR?			
		(ear) (Haur)	22E.INJURY OCCURRED	22F. HOW [DID INJURY OCC	UR?		
OF INJURY (APPROX.)				WHILE				
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result	ed fram: Natural c	duses A	Accident Suici			ned manner		
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SIGNATI	JRE N	5 1-	/AC M.E	D. ASSISTANT MED	DICAL EXAMINER	X		
EXAMIN		ner U. Sj	rivz, M.Q.	ASSOCIATE MED	ICAL EXAMINER		-6-68	3
NAME (T			4					
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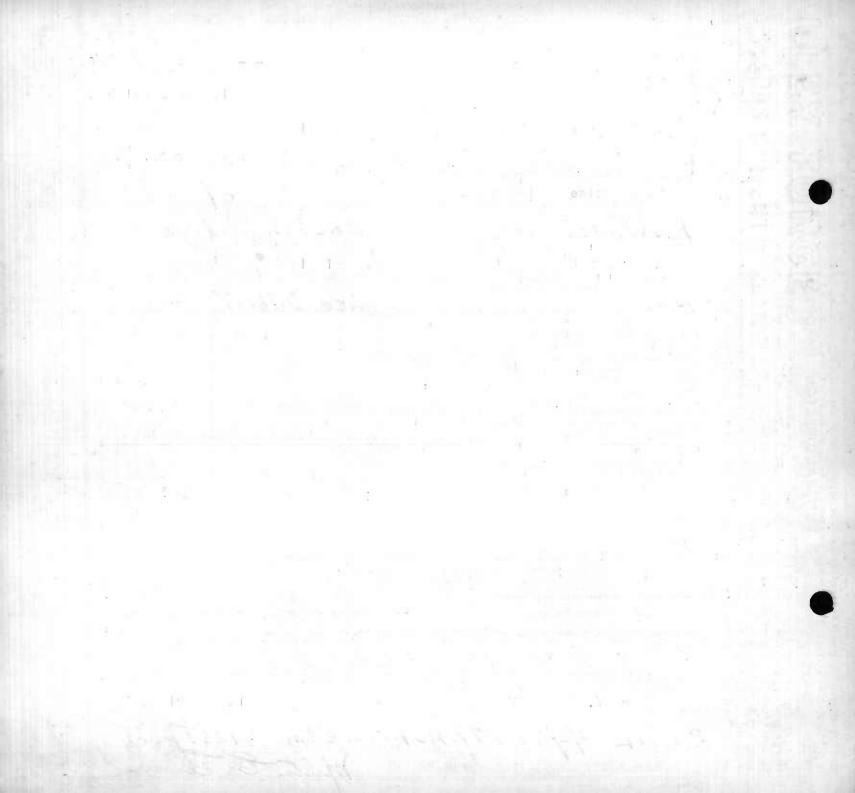
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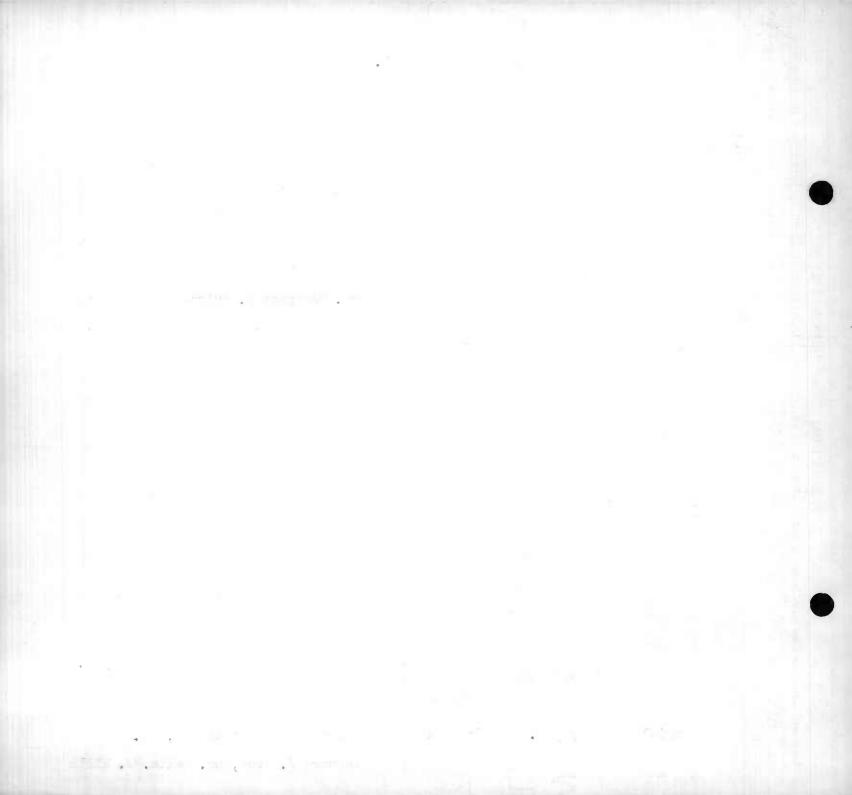
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BALTIMORE CITY HEALTH DEPARTMENT

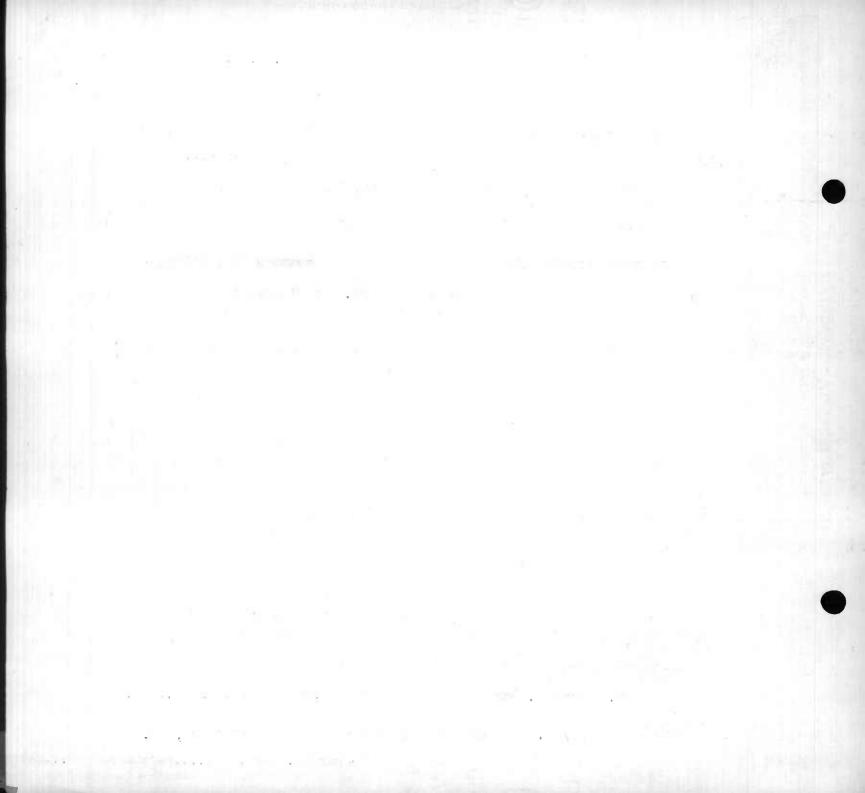


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IMPORTANT

FUNERAL DIRECTOR:



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BALTIMORE CITY HEALTH DEPARTMENT

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REG. NO.	68	01.5:

Female White WIDOWED DIVORCED JULY 19, 1887. lost birthday 80 Months; Doys Hour 10A USIAL OCCUPATION (Give hind of work) 10R. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store or foreign country) 112. CITIZEN OF WHA RETIRED 12. CITIZEN OF WHA RETIRED 12. CITIZEN OF WHA RETIRED 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Amod Forces? 16. SOCIAL 17. INFORMANT 18. MATERIA 18. ADDRESS 18. CAUSE OF DEATH 18. C				E OF DEATH	CERTIFICA			BIRTH NO.
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that (1) (we) last saw the deceased alive an			JURY OCCUR?		INJURY OCCURRED	(Hour) 21 E, Whi		21 D. TIME OF INJURY
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Burial 1/10/68. Mt. Olivet Cemetery Baltimore, Md.	SS	Md.	Baltimore,	25C. FUNERAL DIRECTOR	Olivet Cemet	B. Mt.	1/10/6	Burial

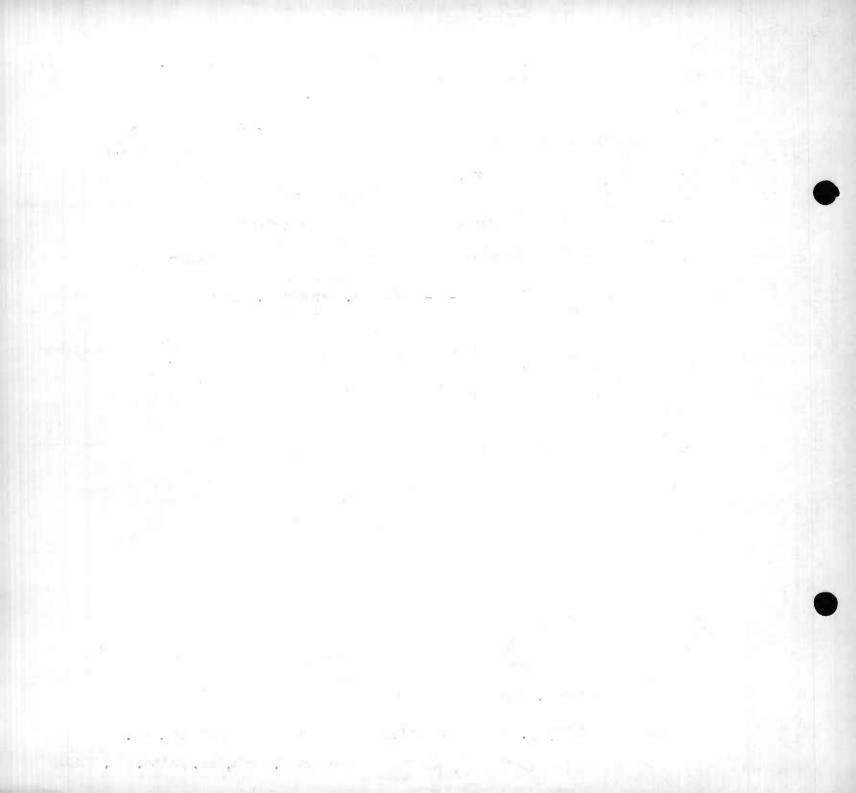
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BALTIMORE CITY HEALTH DEPARTMENT

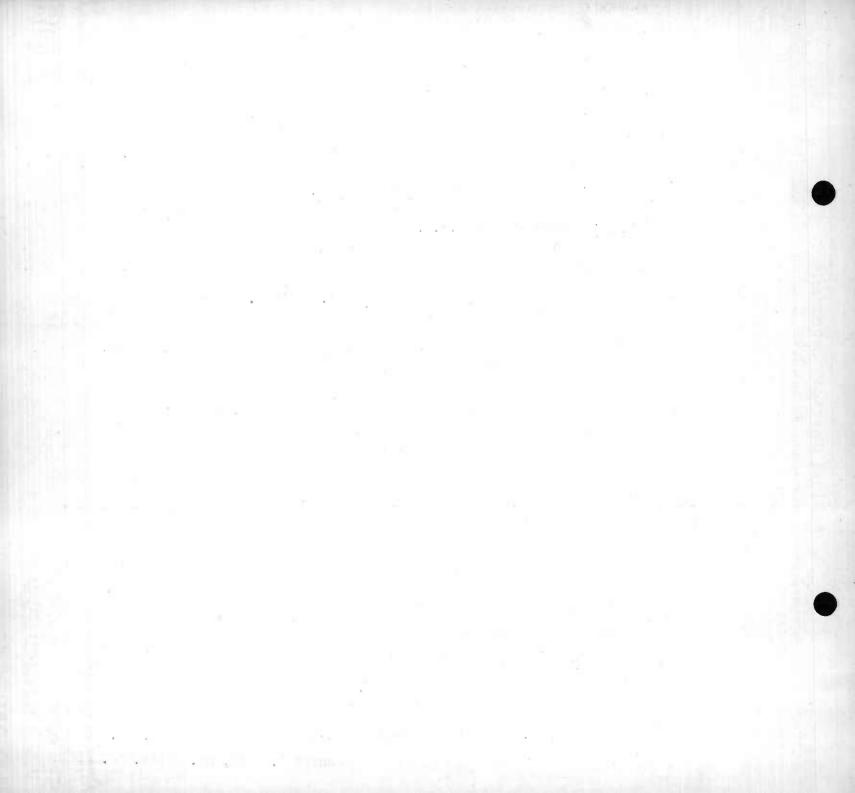
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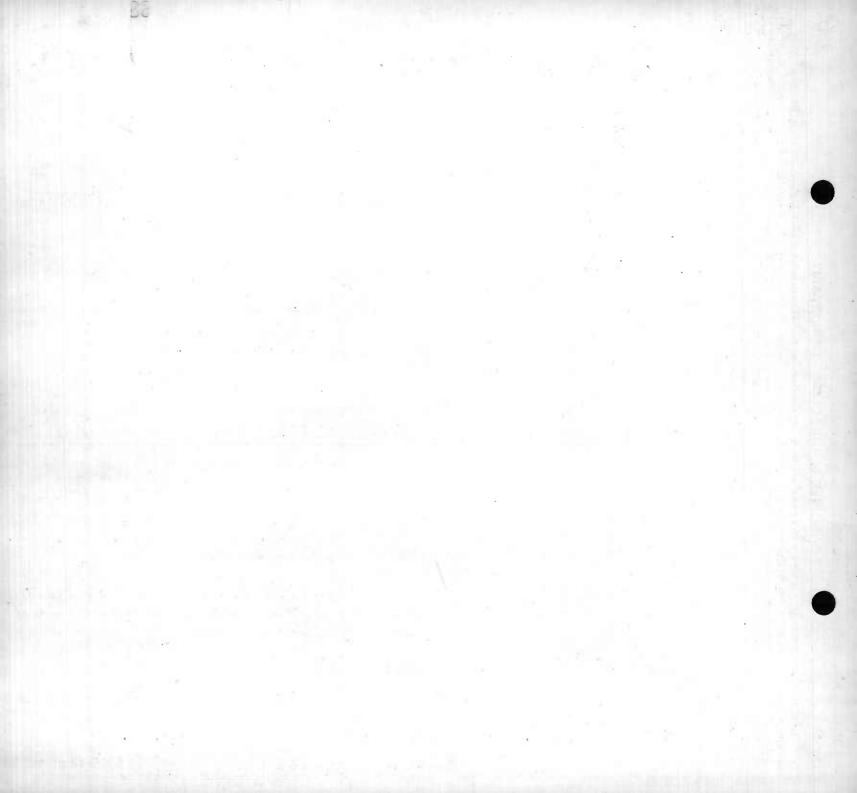
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3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)					4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY 27 3					
5812 Edgepark Road				Baltimon	re 212	214	D. INSIE	YES K	NO [
				E. STREET AND	NUMBER	5812 E	dgepa	ark Road		
S. :	'emale	Whi.te		RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRT August 29		9. AGE (In yet lost birthdoy)	66	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
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13.	FATHER'S NA	ME ?	Sta	evens	14. MOTHER'S A	AAIDEN NAA	ME U nk r	nown		
15.	Wos Deceosed	Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT				ADD	RESS
(Ye	NO NO	(If yes, give wor or	dotes of serv	212-07-0576	Mr. Herbe	ert M.	Thomas			(Same)
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CAL C	D 21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)			21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. Wi office bldg., INJURY	HERE DID OCCUR?	(If In	Boltimore	City, give exoc	ct location)
MEDI	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCC		21 E. INJURY OCCURRED While At Not Whi Work At Work				/-			
	22. I certify that (I) (this haspital) attended the deceased from 900 19 ta 19, that (I) (we) last saw the deceased alive an 19 and that in (my) (wur) apinian death accurred an the date and haur and from the causes stated above. (I) (We) (did) (did of the most) view the bady after death. 23A. SIGNATURE Attending Attending Attending Phys. 23B. DATE SIGNED Director Phys.									
	23C. PHYSICIA NAME (1	[mal	E. Kar	fgin	23D. ADDRESS	S//K	refor	4	A LA	
244	REMOVAL (Buris	MATION, 248. DAT	110	c. Name of CEMETERY of CR altimore Nations	al Cemeter	У	Baltin		y, town, or cou	inty) (Stote)
25/	DATE REC'D	ANS 1968	25B. NA	ME OF REGISTRAR	Laonar			Bal	to. Md.	21214



IMPORTANT

FUNERAL DIRECTOR:





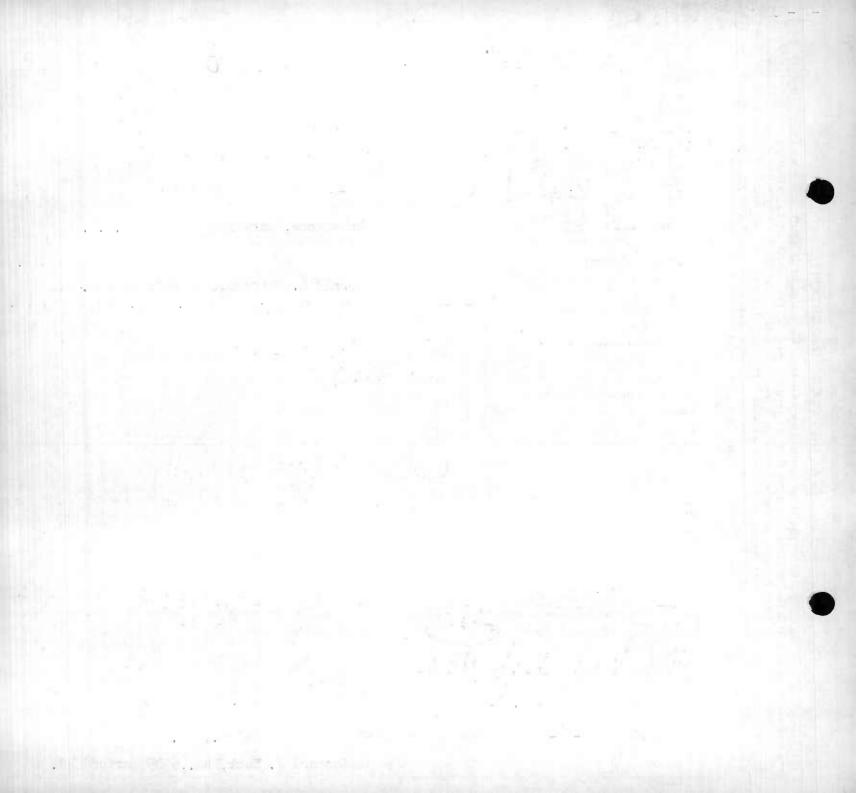
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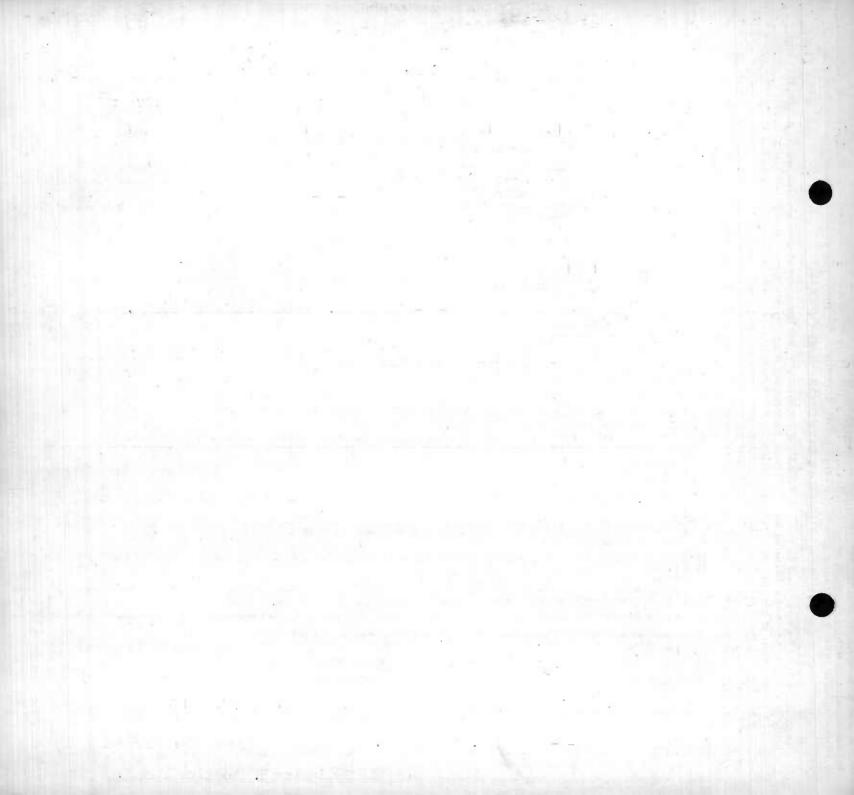
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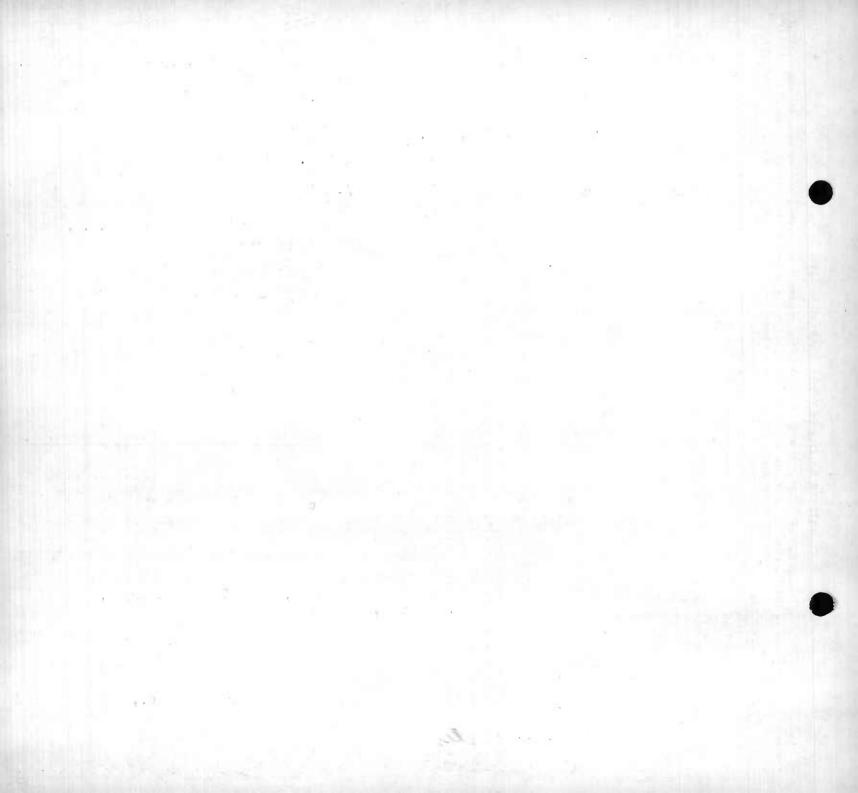
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687 0157	BALTIMORE CITY	HEALTH DEPARTMENT		AN INTER
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	<u>65 -0100</u>
I. NAME OF DECEASED Type or Print) WILL IAMS.	Tomes	2. DATE	AND HOUR OF DEATH	18:53 - M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	CED DEAD	4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. If in	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET		BALTIMORE C	7-117
THE JOHNS HOPKINS HOSPITAL		BALTIMORE		YE \$XXX NO [
33		E. STREET AND NUMBER	DEATAN ATAE	
SEX 6. RACE 7. MARRIED	NEVER MARRIED 1	DATE OF BIRTH	RESTON STREE	I If Under 1 Yr. If Under 24 Hrs.
MALE NEGRO WIDOWED	DIVORCED	6-22-12	last birthday)	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BU	SINESS OR INDUSTRY		oreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		Maryland		USA
3. FATHER'S NAME	1	4. MOTHER'S MAIDEN N	AME	
ELIJAH WILLIAMS		BERTH	ANDERSON	
	SECURITY NO.	7. INFORMANT		ADDRESS
	16-03-11/75	Mrs. Louise W	illiams 112	O N. Carev Street
(This does not mean the mode of dying, e.g., heart foilure, a stherio, etc., it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost. 795.0 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED	(B) DUE TO, OR AS A (C)	CONSEQUENCE OF: CONSEQUENCE OF: 20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	form, factory, street, offi	or obout 21C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct location)
O 21D.TIME (Month) (Doy) (Year) (Hour) 21E, IN.	IJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
While (APPROX.)				1 1
22. I certify that (1) (this hospital) attended the	AT TYOIR	17-1311	1962 to 1	11/ 1968
that (I) (we) jost saw the deceased alive on	111	19 68 and	- /	inion death occurred on the date
and hour and from the causes stated above. (1)	We) (did) (did nat) vi			,
23A. SIGNATURE	76/			238, DATE SIGNED
Mulip Keid 1	DEGREE Phys.	Director L	Staff Phys.	11/168
23C. PHYSICIAN'S NAME (Type)	23	3D. ADDRESS		//
LHILIP KEI	DEGREE		INS HOSPITAL	
REMOVAL (Specify)	E of CEMETERY OF CREA	MAIORY 24D.		City, town, or county) (State)
Burial 1-6-68 Mt. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF F	"uburn Cem.	25C. FUNERAL DIRECT	Baltimore, M	Maryland
JAN 8 1968 . 12 0 . 6 9	Z.O. MA			
S 150-REV. 1/1/68	A Charles	Parlington S.	Phillips I	727 N. Monroe Stree



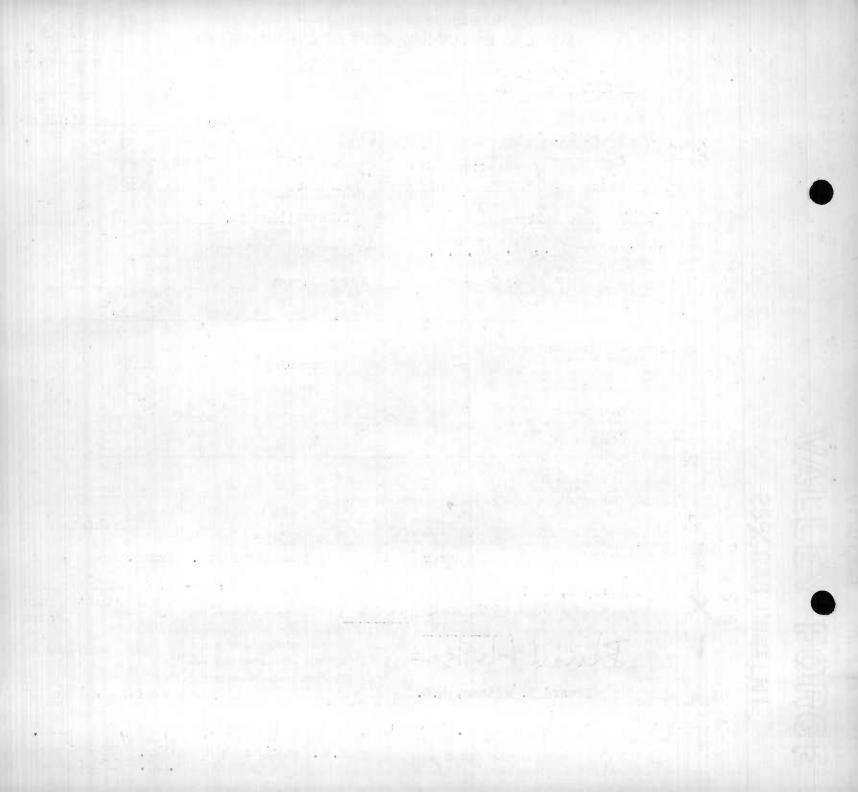
68 1	158 BALTIMORE CITY	HEALTH DEPARTMENT		68 0158
	CERTIFICA	TE OF DEATH	REG. NO.	00 0100
NAME OF DECEASED		DATE AN	D HOUR OF DEATH	
(Type or Print) Vernon Smith	h		uary 2, 1968	10:30 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD		e deceased lived. If instit	ulion: residenco before odmission
FULL NAME OF (IF NOT IN HOSPITAL OR	INCITITION CIVE STREET	Maryland	1	-0/
HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
Provident Hos	nital Inc.	Baltimore	Y	ES NO
20	prodr, mo.	E. STREET AND NUMBER		
37		1301 N. Carey		
	RRIED MEVER MARRIED		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Nonths Doys Hours Min.
Male Negro WIDO		11. BIRTHPLACE (State or foreign	3/	12. CITIZEN OF WHAT COUNTE
done during most of working life, even if retired)	110 01 00111233 OK 1110031KI	Appomatox, Vir		
Labager				U.S.A.
13. FATHER'S NAME	1 . 1	14. MOTHER'S MAIDEN NAM	1/. /	
Bearge x	Smith	anna	Hadag	w
15. Was Deceased Ever in U. S. Afmed Forces? (Yes,no or unknown) (If yes, give war or dotes of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		Elmer Smith- E	grother	SAME
LEADING TO DEATH (This does not meon the mode of dying, heart foilure, osthenio, etc. It meons the di injury or complication which caused death.)	seose,	A CONCEDURATION OF	ed Usinouate	564
UNDERLYING CONDITION Iosi, 199,2 II OTHER SIGNIFICANT CONDITIONS CONTRIBU	(c)			
TO THE DEATH BUT NOT RELATED TO THE TERM				
19A. DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, o	n of obout 21C. WHERE DID INJURY OCCUR?	(If In Baltimore C	City, give exact location)
21D.TIME (Month) (Doy) (Year) (Hour	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX)	While At Work Not While At Work			
22. I certify that (1) (this haspital) atter	nded the deceased from	ovember 30, 1	967 to Janua	ary 2. 1968
that (I) (we) iast saw the deceased aliv	Tannamy 2	68		on death occurred on the d
and haur and from the causes stated abo				
23A. SIGNATURE		,	23	B. DATE SIGNED
Klueaco	9 6	ending Med. Director	Staff Phys.	1/3/68
23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS		
CNOOL	10 5, TENGCO	1514 Division S	treet Balto	, Maryland 2121
24A. BURIAL CREMATION, 24B. DATE	24C. MAME of CEMETERY OF CR			town, or county) (Signe)
Suntable 1 8-18	Brote -	Vatina, E	actions	il mix
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	259 FUNERAL DIRECTOR	111-	ADDRESS
JAN 8 1968 ALP.	& E. Jankey MA	Millionata	2 dellillie	11271 Mac
/\$ 150-REV. 1/1/6B		- July	- Hanery	111111111111111111111111111111111111111

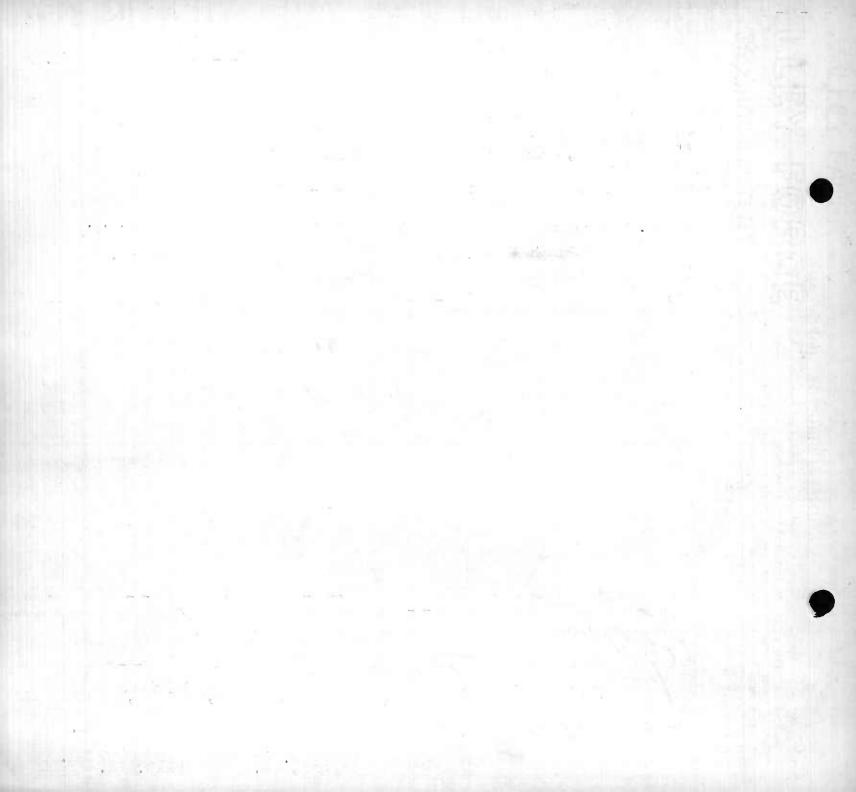


68 0159 BALTIMORE CITY HEALTH DEPARTMENT

68 0	159
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NAME OF DECEASED Validation	BIRTH NO.	MEL	JICAL	EXAMINER 3	CEKTIFI	CATEO	r DEAT	REG. NO.			
PRISCILLA CAMPBELL 4 PLACE IN BARIMORE MARRIADOR MERE PRONOUNCED DEAD PRINCIPLE MARY 4 PLACE IN BARIMORE MARRIADOR MERE PRONOUNCED DEAD PRINCIPLE MARY 5 PLACE IN BARIMORE MARRIADOR MERE PRONOUNCED DEAD PRON	1. NAME OF DEC	EASED TIS	nichan		2. DATE	Knawn	Month	Day	Year	Hour	
4. PRACE IN BAINMORE. MARYLAND. WHERE PRONOUNCED DEAD PROJECTION OF THE PROPERTY OF THE PROPER	(Type or Print)					Estimated [64
ADDRESS OF IOCATION ADDRESS OF IOCATION OF Fleet St.				NOUNCED DEAD				Doy	Yeor	Hour	
S. INSULATE RESIDENCE (Phase decorated bytes d						UNCED DEAD	Tonuomi	2	1060	11.4	5 0
ARACE Mile	OR INSTITUTION	ADDRESS OR LOC.	AllON		5. USUAL	RESIDENCE (Wh		ed. If institutia			
5. SEX 7. RACE Milton MARRHED NUOVED DIVORCED DIVORCED	00	O Fleet St.							0	11 -	A SERVICE
Pemale White WIDOWED DIVORCED Baltimore VES NO	6 SEX	17 PACE	18		C CITY O		<u>ld</u>	In INSIDE C	CZTIMII VII	4	A Total
9 DATE OF BIRTH 0. AGE (In years 1 Under 24 Hr. 1	o. JEX	7. 100			C. CIII O	· · · · · · · · · · · · · · · · · · ·					1000
ALUSUAL OCCUPATION (Greated at each lead to the state of the state o					Bal:	timore		Y	ES 🔀	NO L	
1. BERHPACE Grids or large good by the control of	9. DATE OF BIRT				E. STREET	AND NUMBER					
Prince George Co. Md. U152 U			21				m St.				
AND DEER OF CONDITION FOR MAN INTERVAL ADDRESS ADDRESS ADDRESS ADDRESS	11. BIRTHPLACE (S	state or fareign cauntry)	12		13. FATHER	'S NAME					
	Prince	George Co.	.Md.		Clar	ence Kr	reitzer				
Was decreased ever in u.s. Armed porces? 17. Social Security No. 18. Informant Address (Same) No	14A.USUAL OCCU	PATION (Give kind af war	14B. KIND O		Y 15. MOTH	R'S MAIDEN N	IAME				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDRESS 19. Ordinary of doles of service) 17. SOCIAL 18. INFORMANT ADDRESS 19. ORDINARY OF SECURITY NO. 19. ORDINARY OF SE			77	annant	Ruba	Bouten					
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UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. Water Pennington Ave. Drawbridge 22F. How Did Influence of Not While at work with the left on Inquiry Inspection Pautopsy and that an this bosis, death in my apinion water resulted from: Notural couses Accident Social Homicide Undetermined monner CHIEF MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (Type) Edward F. Wilson, M.D. 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or caunity) (State) Burial 1/6/68 St. Thomas 1/2 Chief Forest. Md. 25C. FUNERAL DIRECTOR Ave. Drawbridge Pennington Ave. Drawbridge Pennington Ave. Drawbridge 22F. How Did Influence of Name of Countries of National Ave. Drawbridge 22F. How Did Influence of National A	12/1	1111 011105 11110	loo	2 21 4 25 25 11 11 12 17			5 tu 1		Par	ctial	
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EXAMINER'S NAME (Type) Edward F. Wilson, M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 1/6/68 St. Thomas 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR H.W. Jenkins & Sons Co. 1905 York Balto.Md. 21212			1	MKI	Δς ς			*X		DATE SIGN	NED
NAME (Type) Edward F. Wilson, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State) Burial 1/6/68 St. Thomas! Garrison Forest Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS H.W. Jenkins & Sons Co. 1905 York Balto.Md. 21212			Q. V	M.I							
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Burial 1/6/68 St. Thomas Garrison Forest Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR LAN 8, 1968 A C F 2 Faller Balto. Md. 21212		Lance			or CREMAT	ORY 124	D. LOCATION				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR H.W. Jenkins & Sons Co. 4905 York Balto.Md. 21212		fy)						1-111		, ,,,,,,	1
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR H.W. Jenkins & Sons Co. 4905 York Balto.Md. 21212										1	Md.
10N 8 1968 A C & Farmer Balto Md. 21212	25A. DATE REC'D			ME OF REGISTRAR						0E 77-	nle 4
THE A SHAPE CHEEK		10 1000	0 00	In Dune	H.	w.Jenki				21 2 101	LK I
	VS 151-REV. 1/1/8	1868 (C)	1	CLANCE			D8	LUQAMO	La Colo		





m-241

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO MC AULILIE 1. NAME OF DECEASED DATE Known K Manth Hour (Type or Print) CORNELIUS OF MeAULYFE-4:00 P. J. January 5, 1968 Estimated . DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Dov PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET January 5, 1968 4:00 P. HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) B. COUNTY 614 N. Howard Street A. STATE Maryland 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS B. MARRIED NEVER MARRIED Baltimore Male White WIDOWED . DIVORCED YES X NO 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. E. STREET AND NUMBER lost birthdoy) 74 Months, Doys, Hours, Min. 7/8/1893 614 N. Howard Street 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Baltimore. Baltimore, Md. U.S.A. Cornelius McAuliffe U.S.A done during most of working life, even if retired) Retired Teacher Publi
16. WAS DECEASED EVER IN U.S. ARMED FORCES? Public Schools Mary Doran 17. SOCIAL SECURITY NO. IB. INFORMANT **ADDRESS** Bldg. (Yes, no or unknown) (If yes, give wor or dates of service) 7-20-5560 Frank M. Benson, Jr. 900 Aurora APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH Arteriosclerotic Cardiovascular Disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heort foilure, osthenio, etc. It meons the disease, Injury or complication which coused death.) **ANTECEDENT CAUSES** (B)_______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. NO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICAT TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) No 228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If In BoltImore City, give exoct location) home, form, factory, street, office bldg., etc.) INJURY OCCUR? 22A EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE (APPROX.) AT WORK WORK 23. Inspection X Autopsy I certify that I held an Inquiry and that an this basis, death in my apinian resulted fram: Natural causes ccident L Suicide Hamicide ___ Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER **SIGNATURE** Spite Werner EXAMINER'S ASSOCIATE MEDICAL EXAMINER 1-6-68 NAME (Type) 24A. BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial 9 New Cathedra Bal timore 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR 25B. NAME OF REGISTRAR

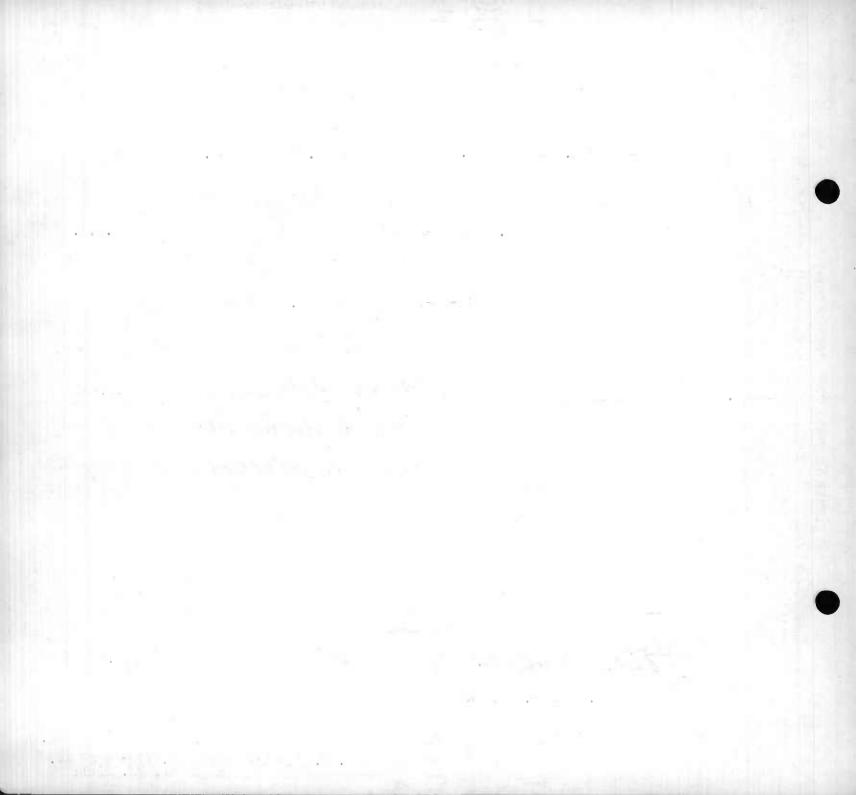
H.W. Jenkins

Sons Co.

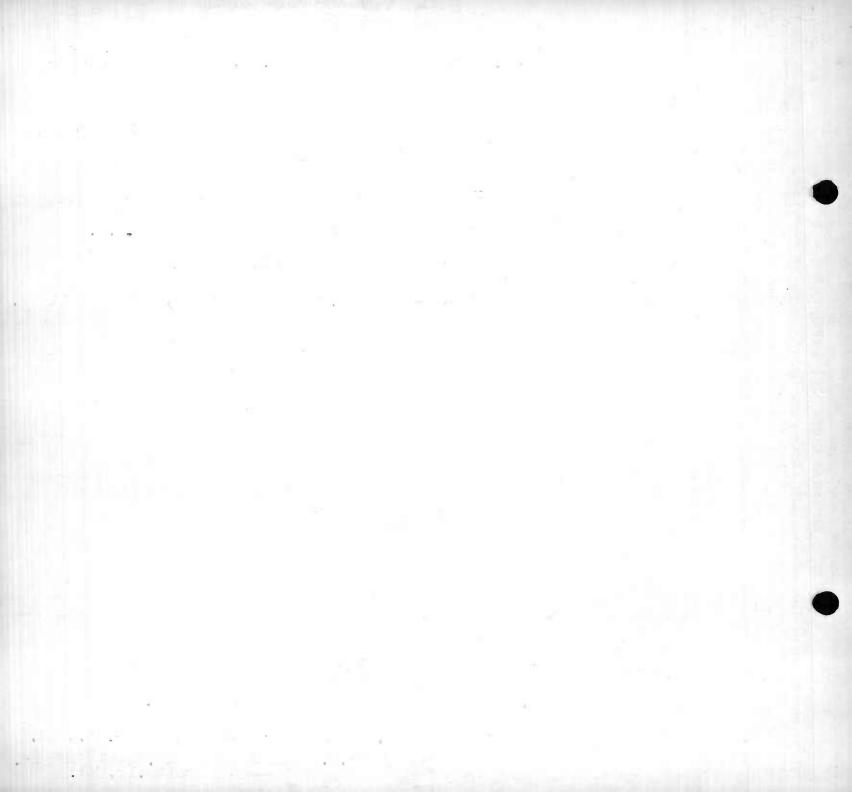
Balto 12.

4905 York Road

			BALTIMORE CITY	HEALTH DEPARTA	MENT	00 0100
	68	016	2 CERTIFICA	TE OF DEA	TH REG. NO.	65 0152
BIRTH NO.						
I, NAME OF DEC	EASED			2, [DATE AND HOUR OF DEA	TH / 05
type or tillio	Margare	t Evans	Hollman	7.	anuary 7, 1968	(O DHIN
3. PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDEN	CE (Where deceased lived. B. COUNTY	If institution: residence before udmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTIT ATION)	UTION, GIVE STREET	Maryland c. CITY OR TOWN Baltimor	D. 1	NSIDE CITY LIMITED 7-13-
v	124 E. M	elrose i	lve.	E. STREET AND NU. 124 E. M	elrose Ave.	
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., II Under 24 Hrs.
F	ω	WIDOWED		2/29/1904	lost birthdoy)	Months Doys Hours Min.
		k 10B. KIND O	F BUSINESS OR INDUSTRY			12, CITIZEN OF WHAT COUNTRY
Underwri	working life, even if retired)	St.	Paul Insurance	Marulan	nd	u.s.A.
3. FATHER'S NA		0.01	THE STATE OF THE S	14. MOTHER'S MAI		4.01/1
Franklin	ı Evans			Minnie	Kninn	
S, Wos Deceased	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	(III yes, give wor or dot	es of service	212-03-1848	Tohn M	Hoffman	(Same)
18. 4 L C	1 11.		CAUSE OF DEAT		TIO D DINCOL	APPROXIMATE INTERVAL
DISEASES (ise to the UNDERLYING	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION Iosi. FICANT CONDITIONS CO	ony, giving sloting the		a consequence of wice blother	ution Brown Leobolis	elutis 4 years.
	ONDITION GIVEN IN PA	RT 1 (A).	WHICH OPERATION	20 A. AUTOPSY? ()	(es or No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBI	NT WAS UNDERLYING [UTING CAUSE OF medical examiner)	211 hor etc	B. PLACE OF INJURY (e.g., ne, form, foctory, street, o.)	in or obout 21 C. WHER ffice bldg., INJURY O	E DID (If In Ball	imore City, give exoct facotion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		hile At Not Whi	le 🗖	DID INJURY OCCUR?	
22. I certify	that (1) (this heapise	+) attended	the deceased fram		19ta	1/7 1968
that (1) (lost saw the deceas	ed alive on	1-		ond that in(my)	apinian death accurred on the dat
23C PHYSICIA NAME (1	(ype)	ulyel	M M DEGREE Phy	ending Med. Direct	or Stoff Phys.	1/8/68
	Dr. John	H. Hir	schfeld Degree	6919 Harf	ord Road	
24A. BURIAL CRE	MATION, 24B, DATE	24C.N	AME of CEMETERY OF CR	-	24D. LOCATION	(City, town, or county) (State)
Burial	1/10/6	8 1	oudon Park		Baltimore,	21234 Md.
	BY HEALTH DEPT.	25B. NAME	oudon Park OF REGISTRAR	2SC. FUNERAL D	DIRECTOR	ADDRESS
		11 11/2	A = 8 = 0 - 1	H. W. Je	enkins & Sons (Co. 4905 York Rd.

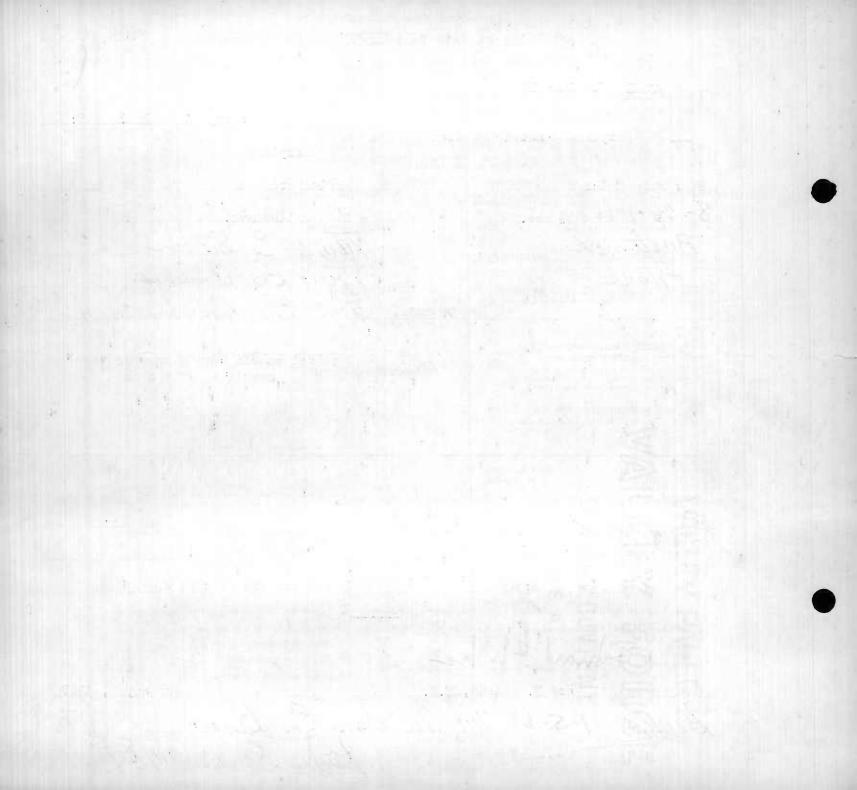


				BALTIMORE CITY				68	0400
		68	016	GG CERTIFICA	TE OF DE	ATH	REG. NO	00	0.163
	H NO.	FASED	-	0-1(11110)			ND HOUR OF DEAT	н	
	or Print)		th C	Howieson		Jan.	6, 1968		330A
3. PI	LACE IN BAL	IMORE MARYLAND, V			4. USUAL RESID	ENCE (Whe	ere deceased lived. If	institution; re	sidence before admission)
					A. STATE	B. COUN	NTY		1
FUL HOS	L NAME OF	(IF NOT IN HOSPIT	ATION	TUTION, GIVE STREET	Maryl				0.01
IN ST	ITUTION				C. CITY OR TOWN		D. IN	ISIDE CITY LI	1 -
1	2 ~ 4	was in the	Dinos		Baltim E. STREET AND			YES X	ИО 🗌
	70 nc	ouse in the					~ .		
5. SE	v	Belve 6. RACE			B. DATE OF BIRTH		P. AGE (In years	If Under	1 Yr. If Under 24 Hrs.
/• JE		o. RACL	7. MARRIED				lost birthdoy)	Months	Doys Hours Min.
	H,	W	WIDOWED		1 -	894	73	lia siria	
		vorking life, even il retired)	KIND U	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Store or tore	eigh country)	12. CITIZ	EN OF WHAT COUNTRY?
	House	wife	Own Ho	ome	Scotla	nd		U.S	.A.
3. F	ATHER'S NA	ΛE			14. MOTHER'S M		ME		
	John	Auld			Mary C	unnir	gham		
	as Deceased	Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFORMANT				ADDRESS
	no or unknown	(If yes, give wor or date		SECURITY NO.	Man C-	nadaras d	la Carrona	261.7	
	No			215-09-3475		rtruc	le Sayman	,2041	Purnell Dr.
	IB. / ~	def X		CAUSE OF DEAT	1		BREA	SF 8	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION DI	RECTLY		10	1	1/1/2 . I A		~111
		LEADING TO DEATH		A STANLEDIATE CAL	" \ M -	-01	1 Selvien	CAY	15 W
	(This does n	ol meon the mode of	dying, e.g.	(A) IMMEDIATE CAL	A CONSEQUENCE	00. 691	The state of the s	COUNT	
		osthenio, etc. Il meons		1	Constant	agrie	MULLEURIUS /	1247	
	injury or com	plication which coused	deolh.)					7	
	-	ANTECEDENT CAUSES	S	(8)					
	DISEASES C	R CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE	OF:			
		obove couse (A)	sloling the	4.5					
	UNDERLING	CONDITION losi,		(C)					***************************************
Z	170 X	H							
		ICANT CONDITIONS CO H BUT NOT RELATED TO T							
CA		ONDITION GIVEN IN PAI		WHICH OBERATION	20A. AUTOPSY	(2 /Va. a. N	a) 200 IE VEC WED	FINDINGS	CONCIDENCO
ERTIFIC	9A. DATE OF		FORMED	WHICH OPERATION	201. 4010	(les or in	O) 20B, IF YES, WERI	AUSES OF D	DEATH?
ER	21A ACCIDE	IT WAS IINDERLYING	121	PLACE OF INTURY (o.g.	o as about 21 C WH)	/II :- D-141	City -1	
4	OR CONTRIBL	IT WAS UNDERLYING [ITING [] CAUSE OF	ho	B. PLACE OF INJURY (e.g., i ne, lorm, foctory, street, o	fice bldg., INJURY	OCCUR?	(II in Boltim	ore City, give	exoct location)
CAL	DEATH (notify	medical examiner	eto	.)					
0	21 D. TIME	(Month1 (Doy) (Year)	(Hous) 211	INJURY OCCURRED	21 F. HO	W DID IN.	JURY OCCUR?		
>	OF INJURY (APPROX.)			hile At Not Whil	• 🗖				
			W	ork		10.		1	10
1	22. I certify	that (I) (this haspita	l) attended	the deceased from	10/26	2/67	.19ta	1/6	/-G-19
1	hot (I) (we)	last sow the decease	ed alive on.	1/6/	6 \$19	ond tl	hot <u>in(my)</u> (aur) o	pinion deof	h occurred on the date
	and hour one	from the causes sta	ted abave	(I) (We) (did) (dld nat) v					
	3A. SIGNATU		Ted abaves	ity (we) (did) (did ildi) (Tew The budy di	Ter dearns		228 DAT	E SIGNED
ľ	11/	10-18	De n	Atte	nding Me	ed.	Stoff	1	0/05
	(of	erunc	alle	DEGREE Phy	i. Dire	ector 🔲	Phys.	1/	8/6/
1	NAME (T	N°S ype)			23D. ADDRESS				(
		Lester	N. Kol	man	3700 P	ark F	Heights Av	70.	
24A.	BURIAL CRE	MATION, 248, DATE		AME of CEMETERY of CR				City, town, o	r county) (Stote)
	REMOVAL (pecifyl = 10 // 0							
	ırial	1/8/68		reland Mem.	Park	Pe	irkville,	Balto	.Co., Md.
25A.	DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	H . TO	nkins	& Sons	Jo. 49	05 York Rd.
		AN 8 1968 (1000	E. Farberma			Ral	to 13	Md IId.
			100						



B-452

68 0164 BALTIMORE CITY HE	00 0101
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG NO 68 0164
BIRTH NO.	NLO. NO.
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Yeor Hour
TONT BLANKENSHIP 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted M. 3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	J. USUAL RESIDENCE (Where deceosed lived, if institution: residence local confission)
Maryland General Hospital	A. STATE B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
MARKIED TIVEVER MARKIED	
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	Baltimore YES X NO L E. STREET AND NUMBER
8-16-1916 lost birthdoy) Months, Doys, Hours, Min.	0/// 0.77
11. BIRTHPLACE(Stagle or foreign country) 12. CITIZEN OF	2444 Callow Ave.
Baltimarks WHAT COUNTRY?	Vaman E. Stations
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15 MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	MICO Branton Chap
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18 INFORMANT ADDRESS
Thouse	Dron Ce Blom Ken oh a Distit Callow
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL TO BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)MMEDIATE C	AUSE Cerebral anoxía during unconsciousness
meet i tonore, estinemo, est. Il meetis me diseese,	resulting from a fall
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (C)	
E 903,0 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
0	
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) e bldg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	e bldg., etc.) INJURY OCCUR? 2444 Callow Ave. / 3 - 0 /
22D. TIME (Month) (Dov) (Year) (Hour) 22E, INJURY OCCURRED	
OF INJURY (APPROX.) 12 29 57 5:30pm. WHILE AT AT WORK	WHILE Subject was dancing and fell
23.	
I certify that I held on Inquiry Inspection Au	topsy X and that on this basis, deoth In my opinion
resulted from: Notural couses Accident Suicid	de Homicide Undetermined monner
ACTUAL RAIN CONTRACTOR	CHIEF MEDICAL EXAMINER L
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINED K
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	January 3, 1967 ST/CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	E BU mod
Devide 1-0-00 1111 auch	www com states 11/0
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	256 FUNERAL DIRECTOR ADDRESS A
1008 1068 10 15 2 Salley 14 1	(agner) anders 170 /reston
VS 151-REV. 1/1/68	



IMPORTANT

DIRECTOR:

FUNERAL

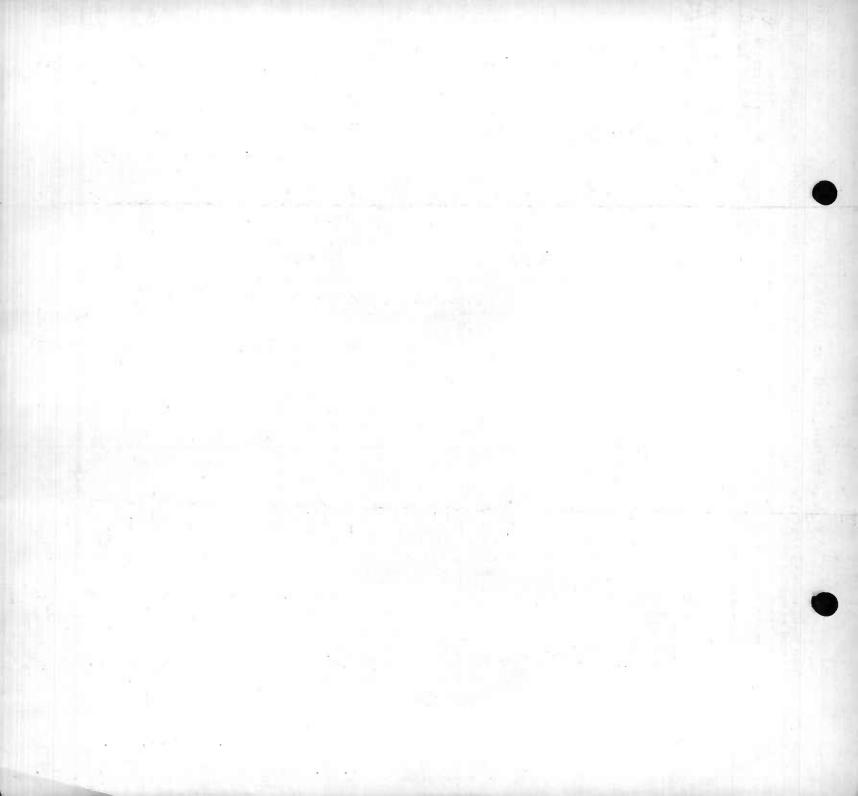
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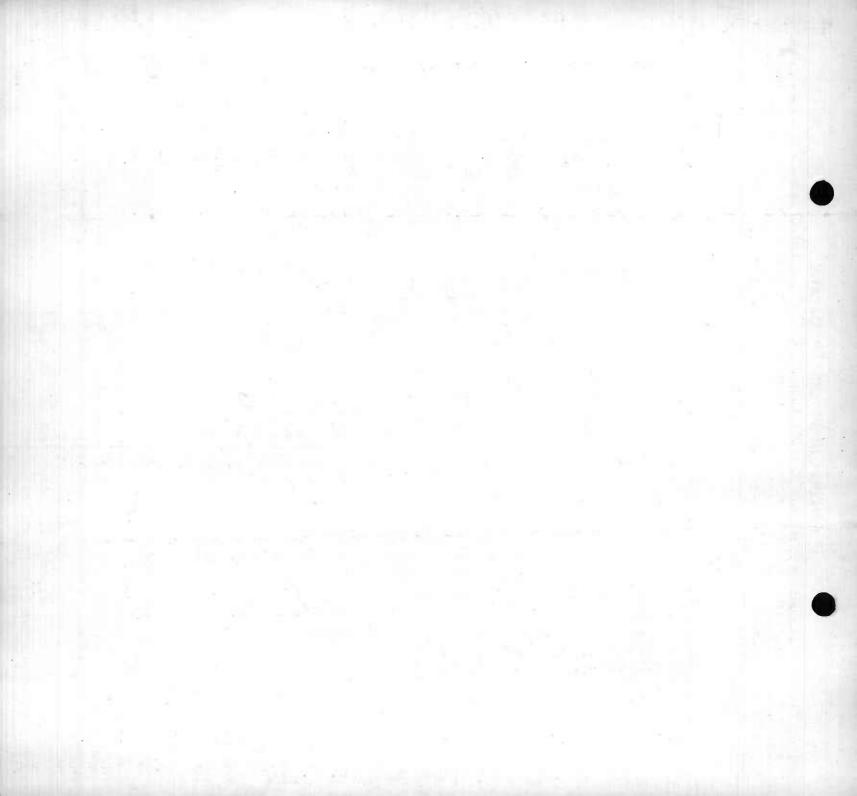
BALTIMORE CITY HEALTH DEPARTMENT

South Bothman General Hopes 3011 S. Harren X 8-22-87 X 16/16 James Dan 68 60 James The state of the same of the s

IMPORTANT

FUNERAL DIRECTOR:





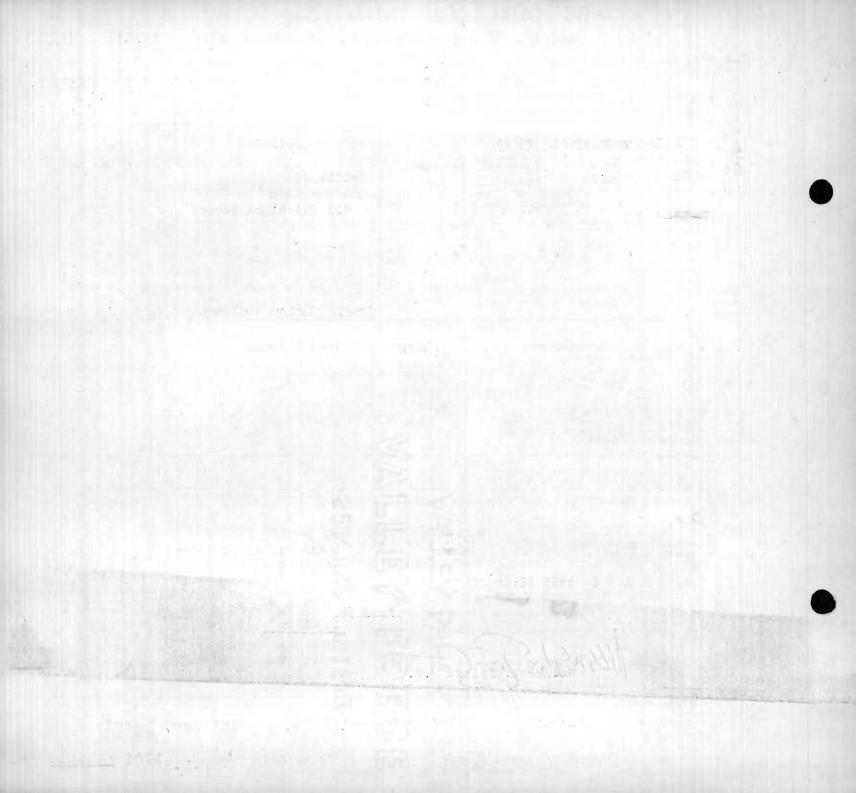
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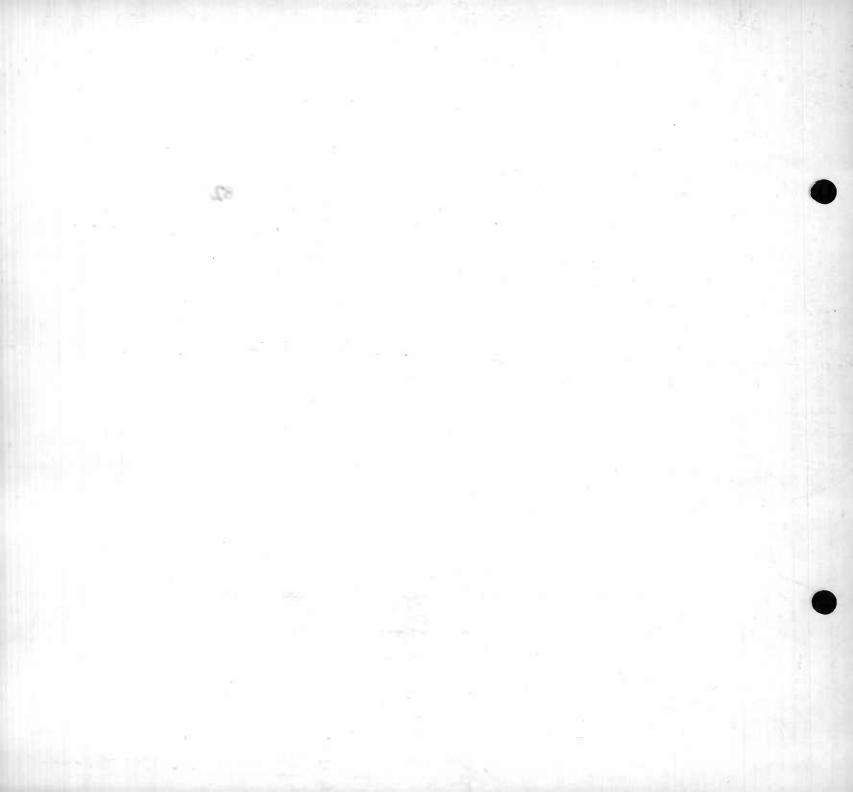
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68 0169 BALTIMORE CITY HEALTH DEPARTMENT

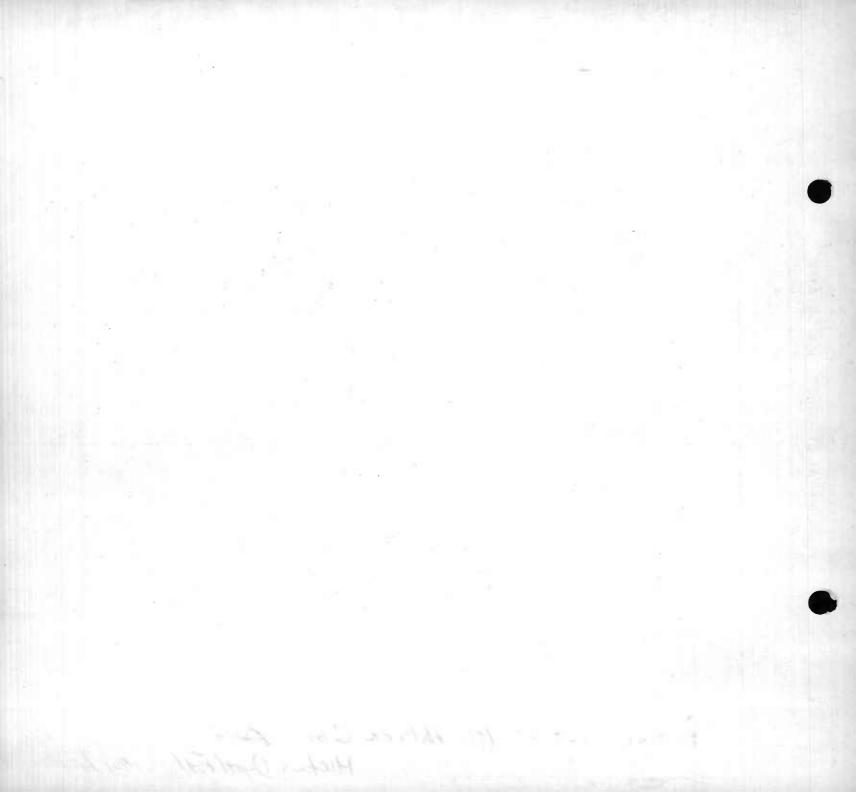
			OLO	EXAMINER'S			DEATH	H PEG NO	68	3 01	.69
BIRTH NO.								KEG. 140.			
Type or Print)	LFONSO	(ALC	NZA)	COLEMAN	2. DATE OF DEATH	Known X	Month Januar	роу	1968	11:35	P.
PLACE IN BAL	TIMORE, MA			NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	191,
ULL NAME OF OSPITAL R INSTITUTION	(IF NO	T IN HOSPITA	AL OR INSTITUTION)	UTION, GIVE STREET		ESIDENCE (Wher		cy 6, 1		11:35	M.
PROVIDE	NT HOS	PITAL	(DOA)		A. STATE	Maryland	D	COUNTY	n: residence	12 -	-/
SEX	7. RACE		8. MARRIE	DE NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE C	ITY LIMITS?		10
Male	Negr	0	WIDOWE	DIVORCED	Balti	lmore		Y	ES X	NO 🗆	
DATE OF BIRT		10. AGE (In lost birthdo	yeors	f Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.		AND NUMBER Whiteloc	k Stree				
B-13-19		in country)	1	2. CITIZEN OF	13. FATHER						
				WHAT COUNTRY?							
HALIFA				U.S.A. OF BUSINESS OR INDUSTRY		NOWN	AAE				
ne during most of v	vorking life, ev	en if retired)					171ho				
LABORE WAS DECEAS		II S ADMED	KOPP.		18. INFOR				DDRESS		
es, no or unknown	(If yes, give	or or dotes	of service)	17. SOCIAL SECURITY NO.							
10.						Eloise	Colema	n 24		nden A	
19.	65	X		CAUSE OF DEA	TH					PPROXIMATE IN	
DISEAS	E OR COND	ITION DIRE	CTLY	Shotgun	wound	of Abdome	n				
	LEADING TO			(A)IMMEDIATE	AUSE						
heort foilure	ot meon the , osthenio, etc	. It meons the	diseose,	DUE TO, OR	AS A CONSEC	UENCE OF:					
Injury or cor	nplication whi	ch coused dec	oth.)								
DISEASES OF THE UNDERLYIN	NTECEDENT OR CONDITI E ABOVE CA NG CONDITI	ONS, IF ANY USE (A) STA' ION LAST.	, GIVING TING THE	(B)	as a conse	QUENCE OF:					
OTHER SIGN TO THE DEA DISEASE OF	IFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERMIN	NG IAL							
				OR WHICH OPERATION W	AS PERFORM	MED			21. AUTO	Yes o	r No)
22A. EXTER UNDERLYING UTING CA 22D. TIME		TRIB-	2 h	2B. PLACE OF INJURY (e.g., ome, form, factory, street, offic Home	in or obout e bldg., etc.)	22C. WHERE DID NIURY OCCUR? 833 White	(If in Boltimore	City, give ex		12	
22D. TIME OF INJURY (APPROX.)		Ooy) (Yeor	11:08	_	WHILE X	22F. HOW DID IN	JURY OCCU	R?	fall :		18
	URE US ER'S (ype) MATION, 2	Werner Late	er 7/	Inspection Au Accident Suicid Spitz, M.D. 24C. NAME of CEMETERY Arbutus Me ME OF REGISTRAR	or CREMATO	CHIEF MEDICAL ISTANT MEDICAL DCIATE MEDICAL DRY 24D. 1 Pk.	Undetermin EXAMINER [EXAMINER [EXAMINER] LOCATION Baltim OR	(City, tow	n, or county Maryl Address	and	e)
JAN 8	1968	Ro.	50	For Ougas	MOE	RTON & D	YETT F	.н. 1	701 L	auren	s S



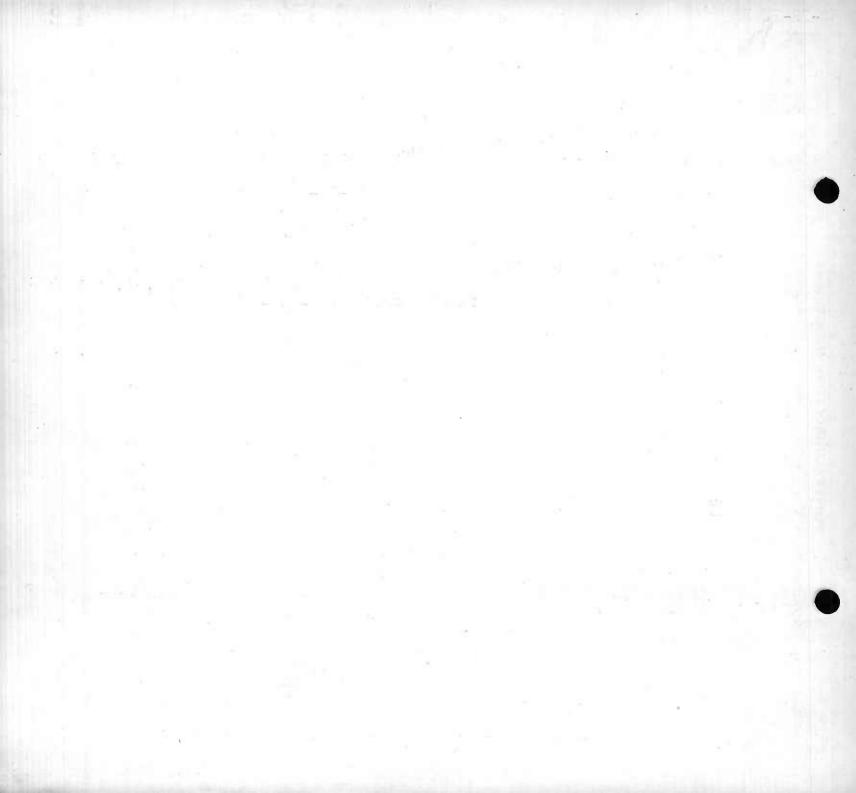
VS 150-REV. 1/1/6B



21/	BALTIMORE CITY HEALTH DEPARTMENT
ath. Such	68 0171 CERTIFICATE OF DEATH REG. NO. 68 0171
1	NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	Type or Print) - 12 I. S:~ Kler 11468 111:40 8
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE Where deceased fived. If institution: residence before adm
F	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Md V3-140 (12)
	ASTITUTION D. MISTIBLE CITY LIMITS
3	
)	University Hospital
,	SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months; Doys Hours; 1
	FN WIDOWED DIVORCED 4-7-17 50
	OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO
	Honte With
1.	3. FATHER'S NAME
	my
1:	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.
	Fred Och How
	18. 7 2 9 1 4 CAUSE OF DEATH APPROXIMATE INTE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE TO 1 TS CH TY TO C. DUE TO, OR AS A CONSEQUENCE OF:
	heart failure, asthenia, etc. It meons the disease, injury or complication which caused death.)
L	ANTECEDENT CAUSES
L	DISEASES OR CONDITIONS, if any, giving (B)
ı	rise to the obove cause (A) stating the UNDERLYING CONDITION last, (C)
L	433.1
3	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
1	▼ (DISEASE OR CONDITION GIVEN IN PART 1 (A).
	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
1	U 21A. ACCIDENT WAS UNDERLYING [2] B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Baltimore City, give exact location)
1	OR CONTRIBUTING CAUSE OF hone, foctory, street, office bldg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Yeer) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
1	OF INJURY (APPROX.) While At Not While At Work
l	22. I certify that (I) (this haspital) attended the deceased fram 146 9 19 to 14 196
	that (I) (we) last saw the deceased alive an 1.4 19 64 and that in (my) (aur) apinlan death accurred an the
L	and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.
	23A. SIGNATURE
L	Attending Med. Staff Phys. Director Phys.
ŀ	23C. PHTSICIAN'S NAME (Type) 23D. ADDRESS
	NAME (Type)
2	OEGREE 24A BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Specify)
	X a 1 1 9 lex Mil Mahura Com Dalt
2	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	LAMB 1000 DO R. O. JA. Owned Horton & Durth F. Al. 1901 LAURE



VS 150-REV. 1/1/6B

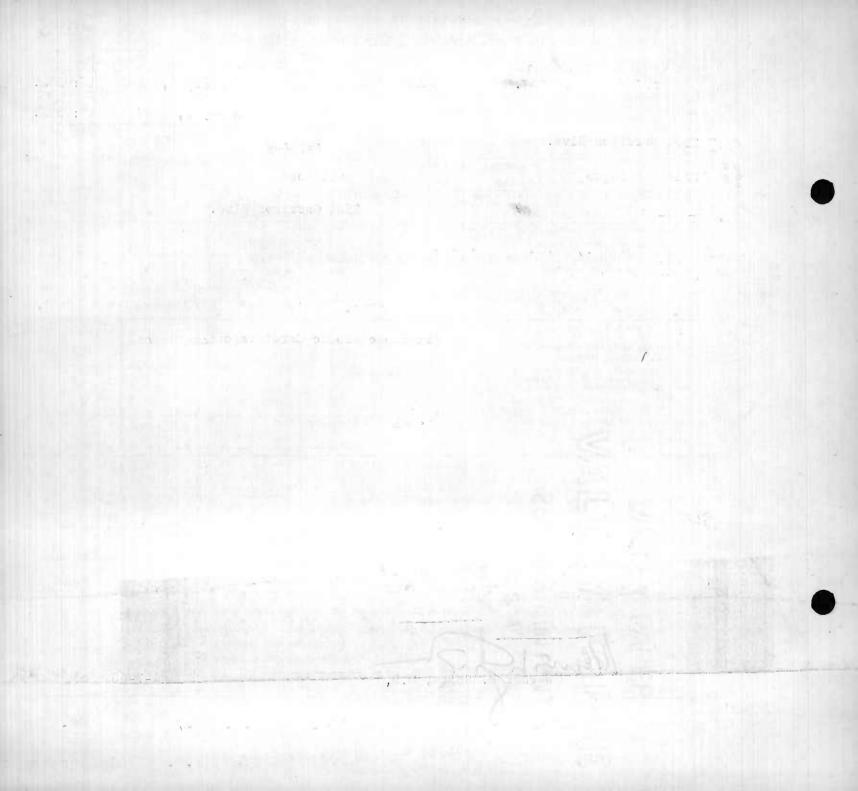


68 01.73 BALTIMORE CITY HEALTH DEPARTMENT

68 0173

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH .

BIRTH NO.		MEDIC		AAMII YER O		CAIL		LAII	REG. N	10		
1. NAME OF DEC	EASED (B	oxdal	(9)		2. DATE	Known	P	Month	Day	Yeo	Hour	
(Type or Print) AN		RKSDA		WARD	OF DEATH	Estimote		Janua	rv 6.			5 A
4. PLACE IN BAL				DUNCED DEAD	3. DATE			Month	Doy	Yeo		
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN H		RINSTITUTI	ON, GIVE STREET		UNCED DEA	ND Ja	nuary	6, 1	.968	10:05	
	rrison Bl	.vd.			A. STATE	esidence Maryla			d. If institu		ce before admis	ssion)
6. SEX	7. RACE	B. A	MARRIED	NEVER MARRIED	C. CITY OR	TOWN		T	D. INSIDE	CITY LIMIT	5747)	20
Male	Negro	WI	IDOWED [DIVORCED		timore				YES X	NO 🗆	
9. DATE OF BIRTI	last	AGE (In year birthday)	Mon	nder 1 Yr, If Under 24 Hrs. ths: Doys Hours Min.	E. STREET / 2501	Garri		Blvd.				
11. BIRTHPLACE (S				NHAT COUNTRY?	13. FATHER	S NAME	ERRY					
	PATION (Give kind varking life, even if r	of work 148.		BUSINESS OR INDUSTRY		R'S MAIDEN		BERRY				
16. WAS DECEAS (Yes, no or unknown)	ED EVER IN U.S.	ARMED FO	RCES?	17. SOCIAL	18. INFOR	TANT				ADDRESS		1
NO.	(IT Yes, give war of	dotes of se	state)	SECURITY NO.	Mrs.	Annie	War	3 25	01 G	arris	on Bly	rd.
19.	2.9			CAUSE OF DEA	ТН						APPROXIMATE IN	
DICTAC	E OR CONDITIO	NI DIDECTIV	,	Arterio	sclerot	ic Car	diova	ascula	r Dis	sease	ELMEEN ONSEL Y	AND DEATH
	LEADING TO DEA			C. NIMAMEDIATE C	ALICE							
	ot mean the mod			(A) IMMEDIATE O	AS A CONSEC	UENCE OF:						
	, asthenia, etc. It m nplication which cou											
	NTECEDENT CAU OR CONDITIONS		VINC	(8)	AS A CONSE	OUENCE OF		*******				
RISE TO THE	E ABOVE CAUSE	(A) STATING										
2	NG CONDITION	LAST.		(C)								
OTHER SIGN TO THE DED DISEASE OR 20A. DATE OF	11											
OTHER SIGN	IIFICANT CONDITION OF RELA	ATED TO THE	TERMINAL									
DISEASE OR	CONDITION GIVE	N IN PART	1 (A)	***********								
20A. DATE OF	OPERATION 20	B. CONDIT	ION FOR	WHICH OPERATION W	AS PERFORM	(ED				21. AU	TOPSY? (Yes	or No)
		200									No	
UNDERLYING	NAL CAUSE WAS OR CONTRIB- USE OF DEATH.		228. home	PLACE OF INJURY (e.g., e, farm, factory, street, affic	in or about (e bldg., etc.)	22C. WHERE NJURY OCC	DID (If it	n Boltimore	City, give	exoct locotio	n)	
≥ 22D. TIME	(Month) (Day)	(Yeor)	(Hour) 2	2E.INJURY OCCURRED	1	2F. HOW D	ID INJUI	RY OCCU	R?			
OF INJURY (APPROX.)					WHILE							
23.			m.[V	VORK AT W	ORK [
I cert	ify that I held	an Inqu	iry 🗍	Inspection X Au	topsy 🗌	ond that	t on this	basis, a	leath in i	my opinion		
	ted from; Natur			ccident Suicio		omicide [1	determin				
16301	THE HOLL	01 00000		Soleite		CHIEF MED						
ACTUAL	1110	.0	1	24		STANT MED			70		DATE SIG	NED
SIGNAT		NY,	1	M.D					_	1 7 ()	,	
EXAMIN NAME (1		Wern	ner Ø.	Spitz, M.D.	ASSC	CIATE MED	ICAL EXA	MINER I	_	1-7-68	3	
24A. BURIAL CREA		DATE	N24	C. NAME of CEMETERY	or CREMATO	DRY	24D. LO	CATION	(City,	town, or cou	nty) (Sto	ote)
REMOVAL (Speci	fy)		()					_	_			
BURIAL	7	-10-6	SA Y	MOUNT CALVA	ARY CE	M.	A.	A. C	U.,		Md.	
25A. DATE REC'D				OF REGISTRAR	25C.	FUNERAL D				ADDRESS		
					25C.			ETT	F.H.		l Laur	ens S



VS 150-REV. 1/1/65

2 8 S. C. Williamsfor . He paney Clean -- Hours Swanter ,

VS 151-REV. 1/1/68

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	68 0176
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) FREDERICK MALKUS 2. DATE Knawn Month Doy OF DEATH Estimoted	Year Haur M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD January 4,	1968 9:15 A _M
HOSPITAL ADDRESS OR LOCATION) TO A THE AMERICAN SUBJECT CONTROL OF THE PROPERTY OF THE PROPE	
Z20 S. East Avenue Maryland B. COUNTY	D land 16
6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE C	CITY LIMITS 2
Male White WIDOWED DIVORCED Baltimore	YES NO D
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months; Days; Haurs; Min. 226 S. East Avenue	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME	
Balto Mo USA. In LIP MUINUS	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	
dane dyring mast of warking life, even if retired) Retired Kuniquida Foelle	20
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT	ADDRESS
(Yes, no ar unknawn)(If yes, give war or dates af service) SECURITY NO.	
2/3-03-9230	APPROXIMATE INTERVAL
19. CAUSE OF DEATH	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular dise	ease
LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DIFTO OR AS A CONSEQUENCE OF	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
6	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O THE DEATH BUT NOT RELATED TO THE TERMINAL	
CC) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	The state of the s
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
	Yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (If in Boltimore City, give e	
UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. Dome, form, factory, street, office bldg., etc.) INJURY OCCUR?	
UTING ☐ CAUSE OF DEATH. ≥ 22D. TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?	
OF INJURY	
(APPROX.) m. WORK AT WORK	
23.	
I certify that I held an Inquiry Inspection Autopsy X and that an this basis, death in m	y aplnian
resulted fram: Natural causes 🛛 Accident 🗌 Suicide 🗍 Hamicide 🗍 Undetermined manner	
CHIEF MEDICAL EXAMINER	
	DATE SIGNED
SIGNATURE ASSISTANT MEDICAL EXAMINER X	
EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER JE	nuary 4, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, to	wn, or county) (State)
REMOVAL (Specify)	200 1
Burial 1/9/68 Vaklaus Lem Baltimae	me
25A. DATE REC'D BY HEALTH DEPT. / 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
JAN 8 1968 Role & E. Farleyna Joseph M. Zarmens Vo	3 & Conblue St
VS 151-REV. 1/1/6B	0

1/11/68 Bapt. Cert from How. Backmann.
Born: Dec. 16, 1891- Bapt. 1/2/1892. Burylace.
Thyplanstown, Bart. County. If carter Kungonda For lles

VS 150-REV. 1/1/65

Sec. 2

MUNICIPAL ENDER

UNION MENCRIAL HOLP: TAL BALT, MORE

SYZZZ BYPPA ROAD

M MARRIED CZ-19-96 W

MERYLAND

MARCHICAN

LUNG CARCINOWA

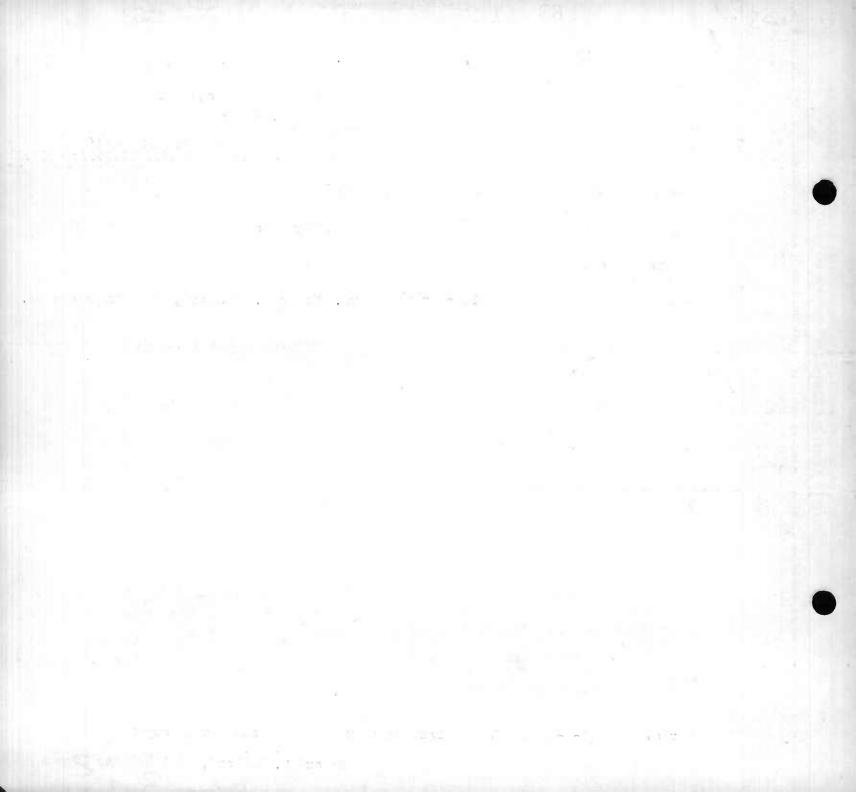
January 2, 68 PE Savary 2 2

Jan 2 1968

WELLEL SANGERS BALACIOS UPIGA ARENDARIAL HOSPITAL

NA	371		BALTIMORE CITY HEALTH DEPARTMENT 68	1178
LAI	TERRE		RTH NO. 68 0178 CERTIFICATE OF DEATH REG. NO. 100 (1)	72.00
	onc eotl ase th th	1, N	NAME OF DECEASED	
	- 0 0 5	(Tyl	ype or Print) BABY BOY MITCHELL 1/4/68	130 2
	ita e c th.	3.	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 14. USUAL RESIDENCE (Where deceased lived, If institution; resid	lence before odmission)
	<u>u</u>	1	A. STATE B. COUNTY	7 20
	use (5) don de	DHO	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) MARYLAND BALTIMPRE CITY OSPITAL OR TOWN	1-05
	1000	DIN	D. INSIDE CITY OF TOWN	
	in But	A .	O THE DALL HOLL	NURSFRY
	P.E. D.E.	E	17 1100 11-0-1-10	
	ar ar	5. 9		
	rrib min ma	1 2	NALE NEGRO WIDOWED DIVORCED 1//23/67 lost birthdoy) Months Do	Yr. If Under 24 Hrs.
	oc err re re sas	I C		OF WHAT COUNTRY?
	th eccent		ne during most of working life, even if retired)	
	or or siti	-	JOHNS +COPKINSHOSPIAL	U.S.A.
	The or	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
-	5 4 × ± q2	0	WILLIAM BOLLING GLADYS WILLIAM	15
Z	E 5 4 6 5	5.	Was Deceased Ever in U. S. Armed Forces? 116. SOCIAL 17. INFORMANT	DDRESS
MPORTAN	ist he he de cin	4	es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	BALTO
2	d y b	-		APPROXIMATE INTERVAL
9	and ce	100		WEEN ONSET AND DEATH
E	so of or		LEADING TO DEATH	
-	PASSE	5	LEADING TO DEATH (This does not meon the made of dying, e.g., heort failure, aslhenia, etc. It meons the disease,	
ö	bo or	Ħ	heort failure, asthenia, etc. It meons the disease, injury or camplication which coused death.)	
ō	ini o 2 E	H	ANTECEDENT CAUSES	
5	on manual hora		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	
DIRECTOR	3) / A	4	rise to the above cause (A) stating the	
H	0 0 0 0 0 0 0 0 0 0	+	UNDERLYING CONDITION lost. (c) UDYTIC mug	
-	dica ici	8-	. 754.5 11	
A	ed bour hys	亞肚	TO THE DEATH BUT NOT RELATED TO THE TERMINAL LAND ONT CORD	6 horas
~	+E>0.00	D S	DISEASE OR CONDITION GIVEN IN PART 1 (A).	NICIDERED
UNER	hie od he he he	平高	WAS PERFORMED	ATH?
5	D A A B B B B B B B B B B B B B B B B B	0.5	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bollimore City, give ex	veet le cetter)
-	the (2)	##	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	ioei ioeoilon;
	>= = = = = = = = = = = = = = = = = = =	S		
	d b	MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	
	h h d d d	411-	(APPROX.) While At Work At Work	
4	he he dr	-	22. I certify that (1) (this haspital) attended the deceased fram 1/23/67 19 ta 1/4/6	8 19 ,
	opp far far ();	Med	that (1) (we) last saw the deceased alive an 1/4/68 19 and that in (my) (aur) apinian death of	
	to t	F	and haur and fram the cayses stated abave. (1) (45) (did) (45) view the body after death.	
	eased ident o hospito b death	#	23A. SIGNATURE	IGNED
	elease ccident b hospi to dea	TOX	Attending Med. Staff	110
	Ference		23C. PHYSICIAN'S 23D. ADDRESS 2	160
	rificate y was r 1) An o 3. A. at d prior	4	NAME (Type)	ID.
	W A A	-	W.E. BUCKNALL DEGREE JOHNS HOPKINS HO	SPITTL
	certificat sody was rs: (1) An D.O.A. at ased pric	7 24A	A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or co	ounty) (State)
	nis certi ne body nows: (1) as D.O. eceased	as	CREMATION 1-6-68 JOHNS HOPMINS HOSPITAL BALTIMORE, MARULAND	
	This ce the boo shows: was D. deceas	0 25A	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
	七七七十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十	do	POSPETAT, DISPUSAL	





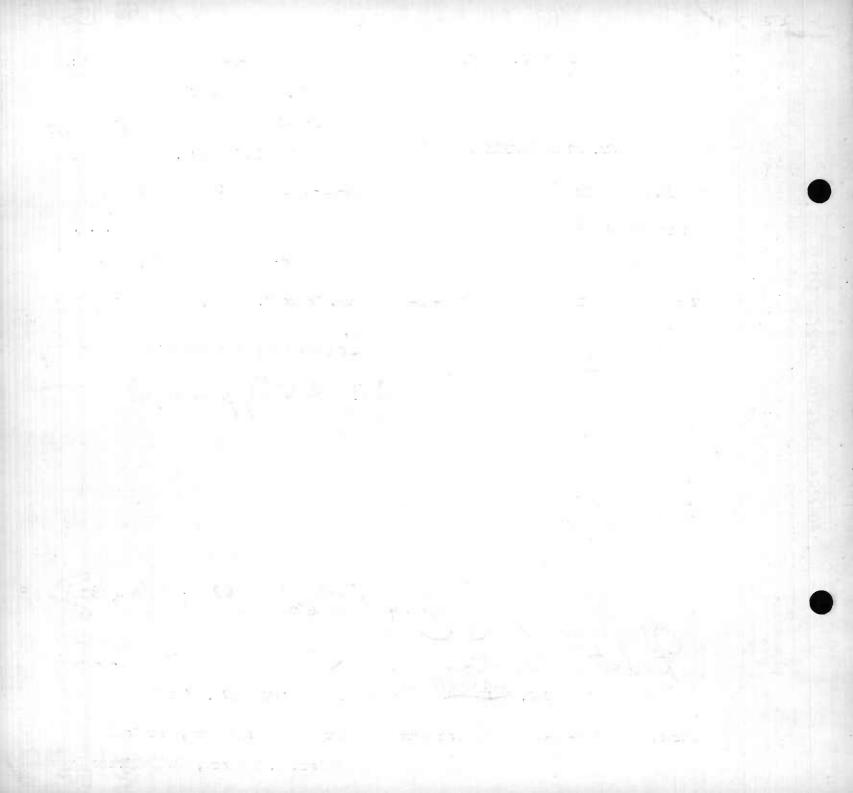
FUNERAL DIRECTOR: IMPORTANT

Type or Print)	PAUL	J. CI	JSIC	2. 0	ATE AND HOUR OF D	9:57 p
PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONG	DUNCED DEAD	A. STATE B	COUNTY	d. If institution: residence befare admissi
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INST	TUTION, GIVE STREET	MD.	BALTI	MORE CO
NSTITUTION	ADDRESS OR LOCA	(IION)		C. CITY OR TOWN ARBUT		YES NOXXX
40	ST. AGNES	HOSPITA	AL.	E. STREET AND NUM	WILKENS AVE	
MALE	6. RACE WHITE	WIDOWE		8. DATE OF BIRTH 11-15-1885	9. AGE (In year lost birthdoy) 82	Months Doys Hours Min.
	warking life, even if retired)	10B. KIND C	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreign country)	U.S.A.
3. FATHER'S NA		1		14. MOTHER'S MAIL	EN NAME	
Ur	nknown			UNkno	wn	
5. Was Deceased	Ever in U. S. Armed Ford	ces? s of service)	1 6- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	WWI		214-05-3029	Mrs. Laura	G. Cusic, 4	607 Wilkens Avenue
heart failure, injury ar car	nal meon the mode al asthenia, etc. II means application which caused ANTECEDENT CAUSES	the disease death.)	(B)	A CONSEQUENCE OF:	D, genero	lized -
DISEASES (rise to the UNDERLYIN)	asthenia, etc. II means nplication which caused ANTECEDENT CAUSES OR CONDITIONS, il e abave cause (A) G CONDITION last.	the disease death.) any, givin stating th	(B) DUE TO, OR AS e	A CONSEQUENCE OF:	D, genero	lized -
DISEASES (rise to the UNDERLYIN)	asthenia, etc. It means nplication which caused ANTECEDENT CAUSES OR CONDITIONS, it e abave cause (A) G CONDITION last. I	the disease death.) any, givin stating the NTRIBUTING HE TERMINAL T I (A).	g (B) DUE TO, OR AS e (C)	A CONSEQUENCE OF:	D, genero	lized were findings considered
DISEASES (rise to the UNDERLYIN)	asthenia, etc. It means nplication which caused ANTECEDENT CAUSES OR CONDITIONS, it e abave cause (A) G CONDITION last. I	the disease death.) any, givin stating the NTRIBUTING HE TERMINAL TI [A].	(B) DUE TO, OR AS e	A CONSEQUENCE OF:	D glueso so or No) 208, IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED IG CAUSES OF DEATH?
DISEASES (rise to the UNDERLYIN) OTHER SIGNIII TO THE DEAL DISEASE OR (19 A. DATE OIL) 21 A. ACCIDE OR CONTRIBUTED OF CONTR	asthenia, etc. II means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, it is above cause (A) if it is condition to the conditions color in but not related to the condition given in PAR FOPERATION 1198. CON	the disease death.) any, givin slating the TERMINAL T I (A). DITION FORMED	g (B) DUE TO, OR AS e (C)	A CONSEQUENCE OF: A CONSEQUENCE OF	DID (If in B	WERE FINDINGS CONSIDERED IG CAUSES OF DEATH?
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Howard H. Hubbard, 4107 Wilkens Avenue

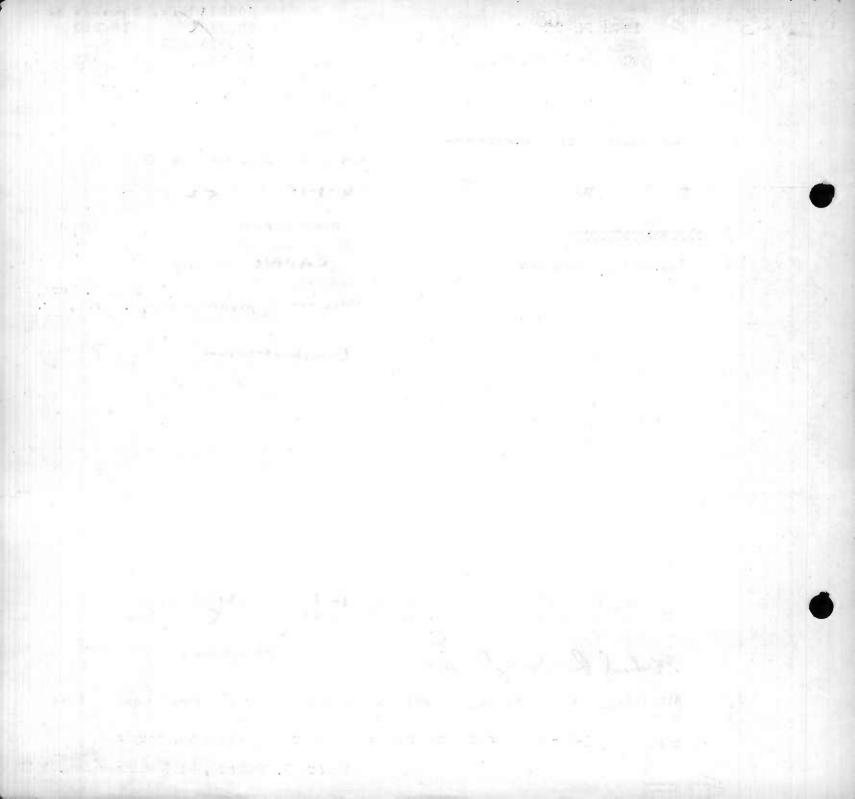


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EDIC	UNDERLYING OR CO	NTRIB-	home, form, foctor	y, street, office	bldg., etc.) IN	JURY OCCUR?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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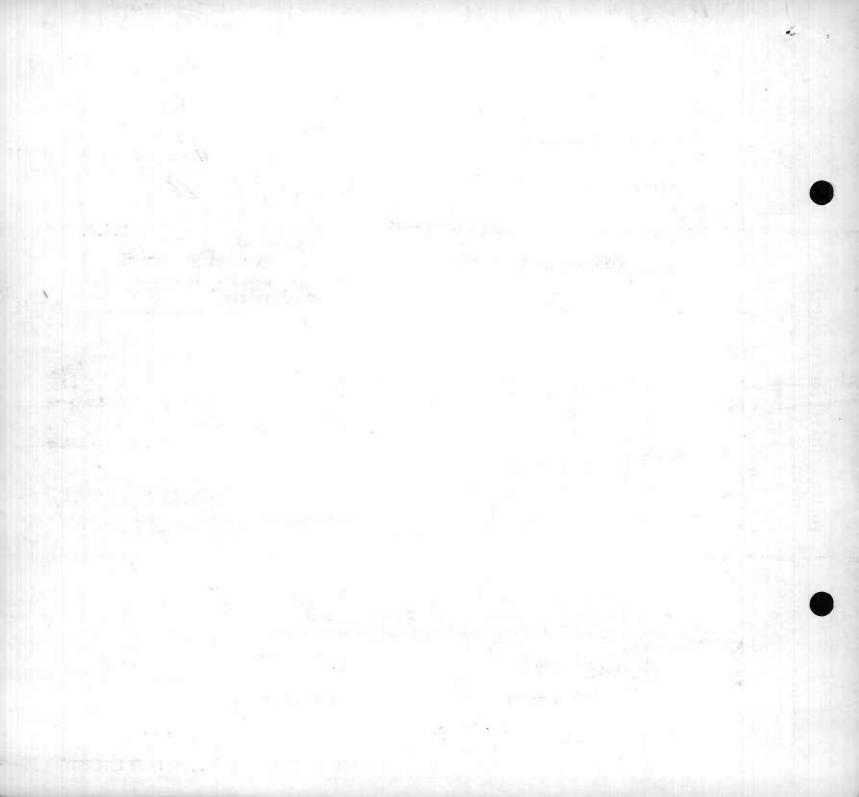
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deat deat cease on th	1.N (Typ	AME OF DECEASED KAZIS VALINS	KAS		1-6-68	4.55 P M.
(5) De ance death		LACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN		ion; residence before admission)
0	ŀ	ULL NAME OF (If not in hospitot or instilution, go HOSPITAL OR oddress or location) NSTITUTION	ve street	C. CITY OR TOWN (If out	side city timits, write RURA	L ond give (Wiship)
		38 UNIVERSITY HO	DSPITAL	D. STREET ADDRESS (IF	rurol, give location)	200 Me 21226
	5. S		DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In veors If	Under 1 Yr. If Under 24 Hrs. Inths Doys Hours Min.
		USUAL OCCUPATION (Give kind of work 10B, KIND OF during most of working life, even if retired)	SUSINESS OR INDUSTRY	11 BIRTHPLACE (State or forei	gn country) 12	CITIZEN OF
	13.	EATHERS NAME	90.	dellucares 14. MOTHER'S MAIDEN NAM	ME.	· U.D. A.
	15.	Malthew Valenska Wos Deceased Ever in U. S. Armed Forces?	6. SOCIAL	Vesa Bre	nus	ADDRESS (2/12)
	(Ye	(, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	andrew Walen	spac -1607	Elmtree St.
-		18. DISEASE OR CONDITION DIRECTLY	CAUSE OF		106-7-1-0	INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, osthenia, etc. It means the disease,	DUE TO	NAL FAIL	XL- elagy	unknown
		injury or complication which caused deoth.) ANTECEDENT CAUSES	(B) GZ	BLEEDING	-? etrology	lwk
		DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the	(C)	N MAN MOOG ON M AN DO DO DO M AN MOOD DO		
	7	S 93 X II				
	CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	CERTIFIC	194. DATE OF OPERATION 198. CONDITION FOR WI		20A. AUTOPSY? (Yes or No		
		21A. ACCIDENT WAS UNDERLYING 21B. P OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	form, foctory, street, offi	or obout 21C. WHERE DID	(II in Bottimore Cit	y, give exoct locotion)
		OF INJURY While	NJURY OCCURRED At Not While	21 F. HOW DID INJ	URY OCCUR?	
		22. I certify that (I) (this haspital) attended the	deceosed from	1-/	9 68 10	1-6 1968
		that (1) (we) lost sow the deceased alive on and hour and from the couses stated above. (1)	/- 6 (We) (did) (did not) vi		ot in (my) (our) opinion	deoth occurred on the dote
		23A. SIGNATURE			Stolf 238	DATE SIGNED
		23C. PHYSICIAN'S NAME (Type)	Phy s.	Director Director	Phys.	1-8-68
	244	BARRY A KORINEZY	M.D.	Greverset 5	CATION (City, to	own, or county) (Stote)
1	C	Derest 1/10/1968 Lac	Redcemer	. Com.	Bar	et. me.
4	25A	JAN9 1968 P. P. FT &	SHI - m	25C. FUNERAL DIRECTOR	no Son Son	90/ Hallen St.
1	VS	150-REV. 1/1/65	***	0		3all NW 21223

z V _ v UNIVERSITY HISTORY 89 REINCL FRIENCE-STEEDY 128

VS 150-REV. 1/1/68

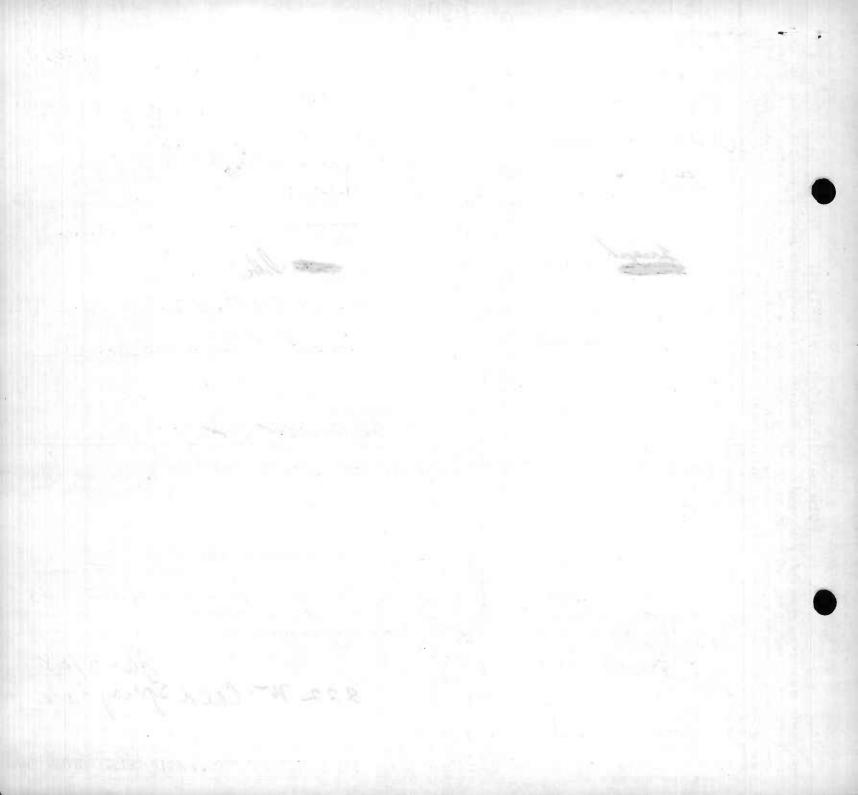


VS 150-REV. 1/1768

IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT 01.85 CERTIFICATE OF DEATH REG. NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) IDA FRIEDMAN JANUARY 5, 1968 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY A. STATE MARY LAND FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE NO 5407 CRISMER AVENUE E. STREET AND NUMBER 5407 CRISMER AVENUE 9. AGE (In years S. SEX 6. RACE 8. DATE OF BIRTH If Under 24 Hrs. Hours : Min. If Under 1 Yr. 7. MARRIED NEVER MARRIED Months! Doys lost birthdoy Hours WIDOWED FEMALE WHITE DIVORCED 11-1-1894 73 10A, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEWIFE AT HOME RUSSIA U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GOLDINER S. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. RIBERKOF. 5407 CRISMER AVE. CAUSE OF DEATH APPROXIMATE INTERVAL 18. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH COLONARY Acterios be (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if ony, lo the above cause (A) UNDERLYING CONDITION last. 334X Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A) 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Boltimore City, give exoct location) DEATH (notily medical examiner) 21 D. TIME (Month) (Dov) (Yeor) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At IAPPROX.) At Work Work 22. I certify that (1) (*histospital) attended the deceased fram 1965 19 698 that (1) (we) tost saw the deceased alive on. and that in (my) (por) apinion death accurred an the date and haur and fram the causes stated obave. (1) (4) (did not) view the body after death. 23A. 5IGNATURE DATE SIGNED Attending Med. Phys. Director 23D. ADDRESS 23 C. PHYSICIAN'S NAME |Type) LOUIS SCHAFFER DEGREE 24A. BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION REMOVAL (Specily) BURTAL 1-7-68 BNAI JACOB BALTIMORE, MARYLAND 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS LEVINSON & BROS., 6010 REISTERSTOWN ROAD



100			AAED	ICA I	EVALA	ILLEDIC C	CENTIE	CATE	OF DEAT		68	0186	
BIR	TH NO.		MED	ICAL	. EXAM	IINER'S	LEKIIF	CATE	OF DEAT	H REG. NO.	00	01.00	
	NAME OF DEC	EASED					2. DATE	Known X	Month	Dov	Yeor	Hour	-
	e or Print)	AX		WW M	ATHAN	HACK	OF	Estimoted		-	1968	7:30 A	4
4 1	PLACE IN BAL		ARYLAND V				3. DATE	Laminored	□ Januar Month	Doy	Yeor	Hour	1 M.
FUL HOS	L NAME OF SPITAL INSTITUTION	(IF NO		L OR INS	TITUTION, GIV		PRONC	OUNCED DEAD	Januar	y 5,	1968	7:30 4	
4		Memori	al Hos	nital	(DOA)		A. STATE	Maryla	Where deceosed li	B. COUNTY	n; residence b	etore odmission	1
6. 5		7. RACE			RIED NEVE		C. CITY O		2110	D. INSIDE CI	TV HMITSON	4	-
1	Male	Whit	e	WIDOV		DIVORCED		timore			Acces 1	100	
9. [ATE OF BIRT	Η	10. AGE (In	yeors	If Under 1 Yr	. If Under 24 Hrs.	E. STREET	AND NUMBE	R	11	E3 [A] [40 L	_
1	-5-1895		7.3	x/Xtx	Monins Doys	I I I	125	N. Ann S	Street	#21231			
11.	BIRTHPLACE (S	tote or forei	gn country)		12. CITIZEN		13. FATHE	R'S NAME					
	LITHUA	VIA			U.S.	A SUNTRY?	TOSET	H HACK					
	USUAL OCCU	PATION (GI		148. KINE		S OR INDUSTR		ER'S MAIDEN	NAME				
done	eduring most of v		ven if retired)		SHOP		CHAT	2					
16	WAS DECEAS	REPAIR ED EVER IN	II S ARMED	FORCE	57 17. SO	CIAI	18. INFOR			Al	DDRESS		
(Yes	, no or unknown)	(If yes, give	wor or doles	of service) SEC	CURITY NO.							
	NO					32-3476		10LLIE H	ACK, 125	N. ANN		#2123	7
	19. 44 1	291				CAUSE OF DEA	TH					ROXIMATE INTER	
	DISEAS	E OR CONE	OITION DIRE	CTLY		Arterio	sclero	tic Card	liovascul	ar Dise	ase		
		LEADING TO	O DEATH			(A)IMMEDIATE (AUSE						
	(This does n	(A)IMMEDIATE CAUSE This does not meon the mode of dytng, e.g., and the mo											
	injury or con	plication whi	ich coused de	oth.)									
		NTECEDENT				(8)	16 1 60116						
	RISE TO THE	ABOVE CA	ONS, IF ANY	, GIVING TING THE		DUE 10, OR	AS A CONS	EQUENCE OF:					
7		G CONDIT				(c)					- 1		
₫	1433		11			(-)							
¥	OTHER SIGN	IFICANT CO	NDITIONS CO	ONTRIBU	TING								
CERTIFICATION	TO THE DEA	ATH BUT NO	RELATED TO	THE TERM	INAL	***************************************							
RTI						OPERATION W	AS DEPEND	MED			21 AUTOS	SY? (Yes or N	(0)
S					TOR WINCH	OI ERAMON W	TO I EKI OK				21. 40101	No	٠,
	221											110	
EDIC/	22A. EXTERI UNDERLYING UTING CA	Guine -	ITRIB-		home, form, fo	OF INJURY (e.g., octory, street, offic	in or obout e bldg., etc.)	INJURY OCCU	OID (If in Boltimo JR?	re City, give exc	oct locotion)		
	22D. TIME		Doy) (Yeor) (Hou	r) 22E.1NJU	RY OCCURRED		22F. HOW DIE	INJURY OCC	UR?			
	(APPROX.)				WHILE AT		WHILE						
	23.				m. WORK	LJ AT W	ORK						
		ify that I h	eld an 1	nquiry [Insper	ction X Au	tap sy	and that	an this basis,	death in my	aninion		
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	result	ed fram: (latural cau	ses IA	Accident	Suicio	le 🔲 r	lamicide 🔲		ned manner L			
	ACTUAL	1110	1.0	15	25	\$		CHIEF MEDIC	AL EXAMINER			DATE SIGNED)
	SIGNATE	JRE UU	my	いー	M	M.D	ASS	ISTANT MEDIC	CAL EXAMINER	*			
	EXAMIN		rher U	. Spi	dz, M.D			OCIATE MEDIC	AL EXAMINER		1-5-6	58	
	NAME (T	ype)		(1.5.	,,,	
	A. BURIAL CREA		248. DATE		24C. NAMI	E of CEMETERY	ar CREMAT	ORY :	24D. LOCATION	(City, town	n, or county)	(State)	
KE/	MOVAL (Special	(Y)	1-7-40	,	MOCAN	ARDAHAM			BAITTH	ORE, MAT	DVIAND		
0.5	BURIAL	DVIIEATE	1-7-68	-		ABRAHAM	Tana	PILL IPP AT PIL		,			
254	A. DATE REC'D	RA HEYLLH	DEPT.	258. N	IAME OF REC	SISTRAR	25 C.	FUNERAL DIR	ECTOR	A	DDRESS		
		IANA	1968	120	8-8.	Stanfey M.	SOI	LEVINS	ON & BRO.	S.,6010	REISTE	RSTOWN	RD.

VS 151-REV. 1/1/68

68 01.87 BALTIMORE CITY HEALTH DEPARTMENT

63				05
MEDICAL	EXAMINER'S	CERTIFICATE O	F DEATH BEG NO	60

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			MED	ICAL	EX	AMINER'S	CERTIF	CATE	OF D	EATH	H REG. N	6	8	018	7_
	TH NO.	FACER		,			II. DATE		77				.,	Т.	<u></u>
	NAME OF DEC		HARRY	WEIS	BLA	rT	2. DATE OF DEATH	Known (2) Estimated		_{lonth} Sanuar	роу су 3,	1968	Yeor	1:40	Р.м.
4.	PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE PI	RONOL	JNCED DEAD	3. DATE			tonth	Doy		Year	Hour	
HO	L NAME OF SPITAL INSTITUTION	(IF NOT	T IN HOSPITA SS OR LOCAT	L OR INS	TITUTIO	N, GIVE STREET		UNCED DEAD	Jan		3, 19		dence be	1:40	P _{M.}
2		Univers	*			(DOA)	A. STATE	Marylar		В	. COUNT	Υ		201	36
6.	SEX	7. RACE		B. MARK	RIED 🛛	NEVER MARRIED	C. CITY OF	TOWN			D. INSIDE	CITY LI	MITS		
	Male	White	9	WIDOV	VED 🗌	DIVORCED -		Baltimo	re			YES X		10 🗆	- 7
9. [DATE OF BIRTI	Н	10. AGE (In last birthday 66)	If Und Months	er 1 Yr. If Under 24 Hrs. s Doys Hours Min.		3813 Fa		.ew Av	zenue	#21	216		
L	RUSSIA		,	40 MINIT	WI (TIZEN OF HAT COUNTRY? 1. S. A. JSINESS OR INDUSTRY		DSEPH DA		WEISE	BLATT				
dan	e during mast of v	varking life, ev	en if retired)					STHER RO		TERN					
16.	WAS DECEAS	ACTOR ED EVER IN 1	U.S. ARMED		CTRI	7. SOCIAL	18. INFOR		/36 3	T C IVIV		ADDRE	SS		
(Ye	NO or unknown)	(If yes, give w	var ar dotes o	of service	*)	SECURITY NO.	MRS. H	ILDA WET	SBLA	TT, 3	3813 F	AIRU	ΊΕW	AVE.	#21216
		E OR CONDI		CTLY		CAUSE OF DEA	Hy	ypertens clerotic	car	diova				ROXIMATE INT EN ONSET AN	
	heort foilure injury ar can	ot meon the , osthenio, etc. nplication whic	. It meons the th caused dea	disease,		(A)IMMEDIATE (DUE TO, OR	AS A CONSEC	QUENCE OF:	dis	e as e-					
7	DISEASES O	NTECEDENT (OR CONDITION E ABOVE CAU NG CONDITI	ONS, IF ANY	GIVING ING THE		(B)	as a conse	QUENCE OF:		• • • • • • • • • • • • • • • • • • • •					especialis spiriture que este especialis e
CERTIFICATION	TO THE DE	X HIFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERM	MINAL	,					n eas da elle des des des sobres des de elle elle elle				
CERT	20A. DATE OF	OPERATION	20B. CON	IDITION	FOR W	HICH OPERATION W	AS PERFOR!	MED	W		13	21.	AUTOF	PSY? (Yes or	No)
EDICAL	22A. EXTER UNDERLYING UTING CA		TRIB-		22B. PL home,	ACE OF INJURY(e.g., form, foctory, street, offic	in ar about e bldg., etc.)	22C. WHERE I	JR?	Baltimare	City, give	exoct lac	otian)		
Σ			(Yeor) (Hou	1		WHILE	22F. HOW DI	O INJUR	Y OCCU	R?				
	23.	ify that I h	eld an Ir	nquiry [<u> </u>	Inspection X Au		and that	an this	basis, c	death in n	ny apin	ion		
	resul	ted fram: N	atural cau	ses X	Aq	sident Suicio	de 🗌 H	amicide		- 1	ed manne	er 🗌			
	ACTUAL SIGNATI	-	us	1.	, 9	put M.E	ASS	ISTANT MEDIC			X			DATE SIGN	ED
	EXAMIN NAME (1		narles	S. S	prin	ngate, M.D.	ASS	OCIATE MEDIC	CAL EXA	MINER	LJ j	Tanua	ry 4	4, 1968	3
	A. BURIAL CREA MOVAL (Speci	MATION, 2 fy)	48. DATE			NAME of CEMETERY	or CREMAT	ORY	24D. LOC			own, or	_	(Stote	e)
	BURIAL		1-5-68	_		BETH TFILOH				IMORE	, MAK	RYLAN			
25.	A. DATE REC'D	JAN 9	1968	17.		E, Farley MA	4.24	LEVINS		BROS.	INC.	6010		ISTERS	TOWN F
VS	151-REV. 1/1/6E	3 ~													V

BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltlmore City, give exoct lacotion) 19 92 and that in (my) (aur) apinian death accurred an the date 238, DATE SIGNED (City, tawn, ar caunty) ADDRESS LEVINSON & BROS. . 6010 REISTERSTOWN RD. VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO

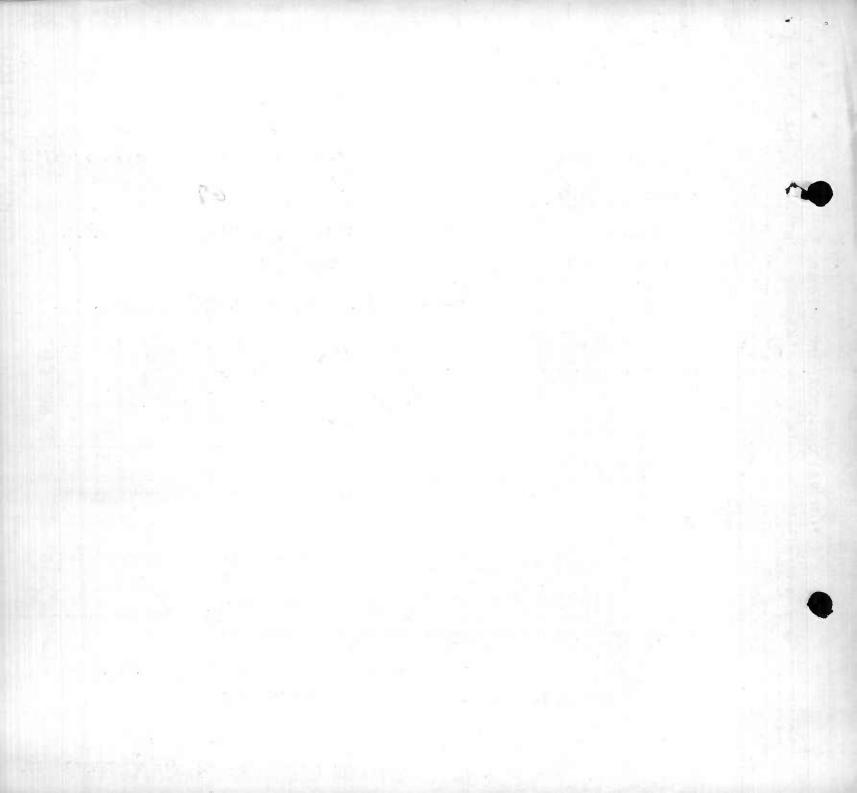
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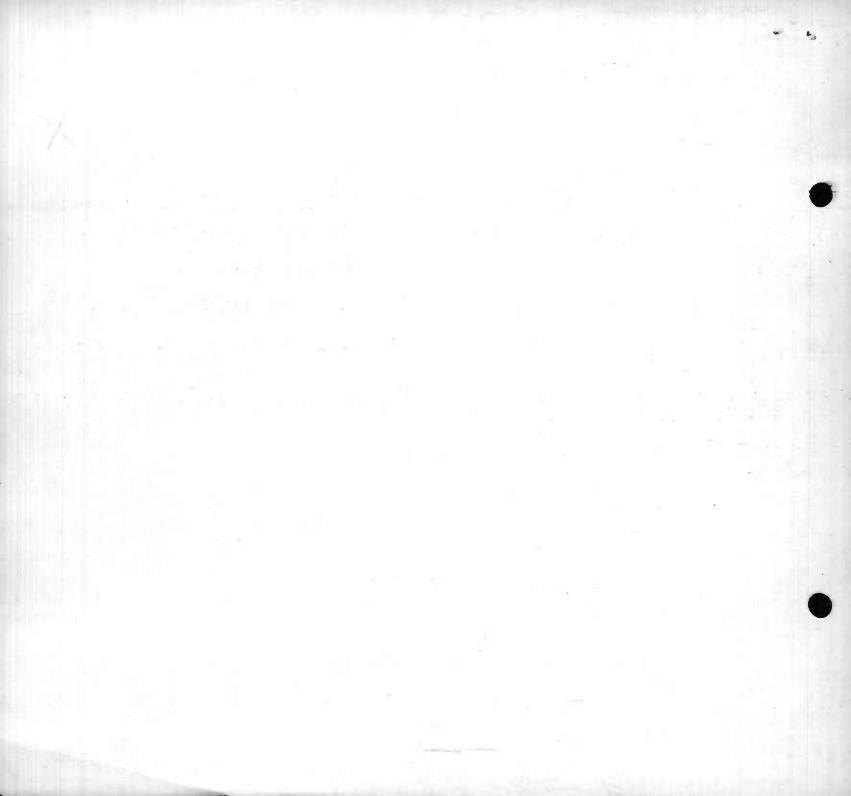
ADDRESS

#21208

If Under 24 Hrs.



VS 150-REV. 1/1/6B



68 0190 BALTIMORE CITY HEALTH DEPARTMENT

	MI	EDICAL	EXAMINER'S			DEATH	REG. NO	68	0190
BIRTH NO.							REG. NO		
1. NAME OF DE (Type or Print)	CEASED		**!	2. DATE OF	Known 🛣	Month	Doy	Yeor	Hour
	ELMER	L.	WATKIN	DEATH	Estimoted L	Januar			7:40 A.
FULL NAME OF HOSPITAL	(IF NOT IN HOS ADDRESS OR LO	PITAL OR INST	ITUTION, GIVE STREET	3. DATE PRONO	UNCED DEAD	Month January	5, 19	68 Year	7:40 A.
Union N	Memorgal Hos	spital		5. USUAL R A. STATE	Maryland		d. If Institution	n; residence	before odmission
6. SEX	7. RACE	8. MARR	IED NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?	
Male	White	WIDOW		Bali	imore		,	ES X	NO 🗆
9. DATE OF BIRT		- /-	If Under 1 Yr. If Under 24 Hr	s. E. STREET	AND NUMBER			13 [2]	140
Dag 18	1019 lost birt	E (In years hdoy) 55	Months Doys Hours Mi	3640	Clippper M	ill Roa	ad		
Dec 18	State or foreign countr		12. CITIZEN OF	13. FATHER					
			MALLAT COLUMNITOWS		-				
Maryl	BATION (Circlind of	- III 49 MINID	OF BUSINESS OF INDUS	Howa	rd S. WE	tkins			
done during most of	working life, even if retir	ed) Balt	of Business or Industration	KY 13. MOTHE	K 5 MAIDEN NA	WE			
						ald			
	SED EVER IN U.S. ARI		SECURITY NO	18. INFOR				DDRESS	
?	?		219 05 18:	L7 Elme	r L.Wath	cins, J	r. 170	3 Bo.	lton St,
19. 4.1	09		CAUSE OF D	ATH					APPROXIMATE INTERVA
DICEA	SE OR CONDITION D	IDECTIV	Arterio	sclerot	ic Cardiov	rascular	Disea	se	WEEN ONSET AND DE
DISEA	LEADING TO DEATH								
(This does	not mean the made of	dying, e.g.,	(A)IMMEDIAT	R AS A CONSEC	DIENCE OF:				
	e, osthenio, etc. It meon mplication which caused								
	NTECEDENT CAUSES		(B)		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
DISEASES	OR CONDITIONS, IF	ANY, GIVING	DUE TO, C	R AS A CONSE	QUENCE OF:				
1 UNDERLYI	NG CONDITION LAS	ST.	(c)						
Ó	A		(0)		************************************				
OTHER SIG	II NIFICANT CONDITION:	CONTRIBUT	ING						
O THE DE	ATH BUT NOT RELATED	TO THE TERM	INAL						
		, ,	FOR WHICH OPERATION	WAS DEDECTA	A ED			21 AUT	OPSY? (Yes or No)
S SAIL O	OF EKAMOTY 1200.	COMPINION	FOR WHICH OFERALION	WAS PERFORM	1ED				
10									No
UNDERLYING	RNAL CAUSE WAS		22B. PLACE OF INJURY (e. home, form, foctory, street, o	in or obout a fice bldg., etc.)	NJURY OCCUR?	(If in Boltimore	City, give ex	oct locotion)	
∑ 22D. TIME	(Month) (Doy) (Yeor) (Hou) 22E.INJURY OCCURRE		22F. HOW DID IN	ILLEY OCCUR	22		
OF INJURY	(Monin) (Doy) (1601) (11001		OT WHILE	IZI . HOW DID III	JOKI OCCU	1		
(APPROX.)				WORK					
23.		г			2				
	tify that I held on	Inquiry L	Inspection X	utopsy 🗌	ond that an t	his bosis, d	eoth in my	opinion	
resu	Ited from Notural	couses K	Accident Suid	ide 📙 H	omicide	Undetermine	ed monner		
	11111	. 1			CHIEF MEDICAL	EXAMINER			DATE CICNED
SIGNAT		26	202	ASSI	STANT MEDICAL	EXAMINER &			DATE SIGNED
EXAMIN		r U. Sp	if MA	ASSO	OCIATE MEDICAL	EXAMINER [1-5-	60
NAME (. o. op	,	7336	C.A.E. MEDICAL	L. J. GILLIA E. L.		1-5-	00
24A. BURIAL CRE	MATION, 248. DAT	E	2. NAME OF CEMETER	Y or CREMATO	DRY 24D.	LOCATION	(City, tow	n, or county	y) (Stote)
Burial		/68	St.Mary's,	Hamnder	3 30	00 Rol	and A	ve	
	BY HEALTH DEPT.	258. N	AME OF REGISTRAR	25C	FUNERAL DIRECT	OR		ADDRESS	
	JANS 1968	00	5 E. Farbuna	1	until 7	=)	marle	18/8/	Poland a
	JANS 1968	VILLER	M C' Manager	u	wir p	Norw	Jay V		

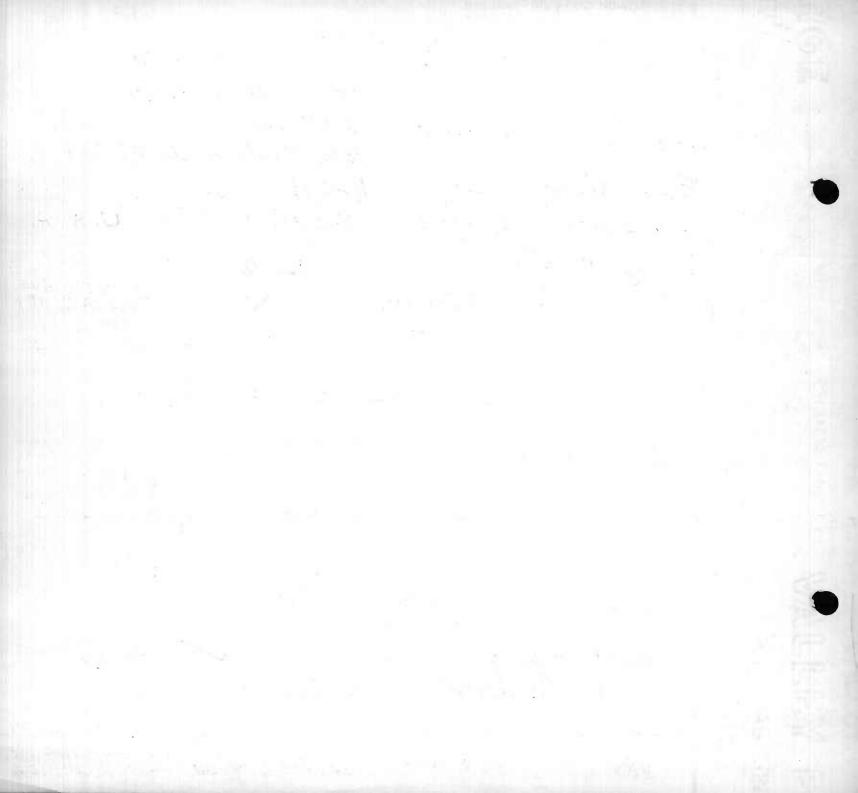
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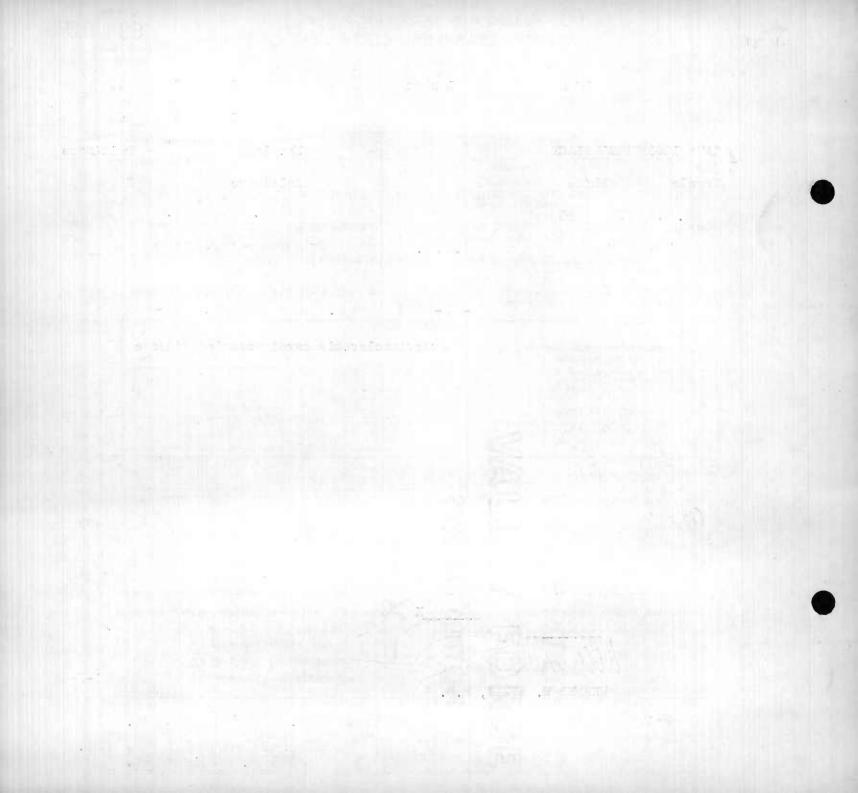
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63 0193 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

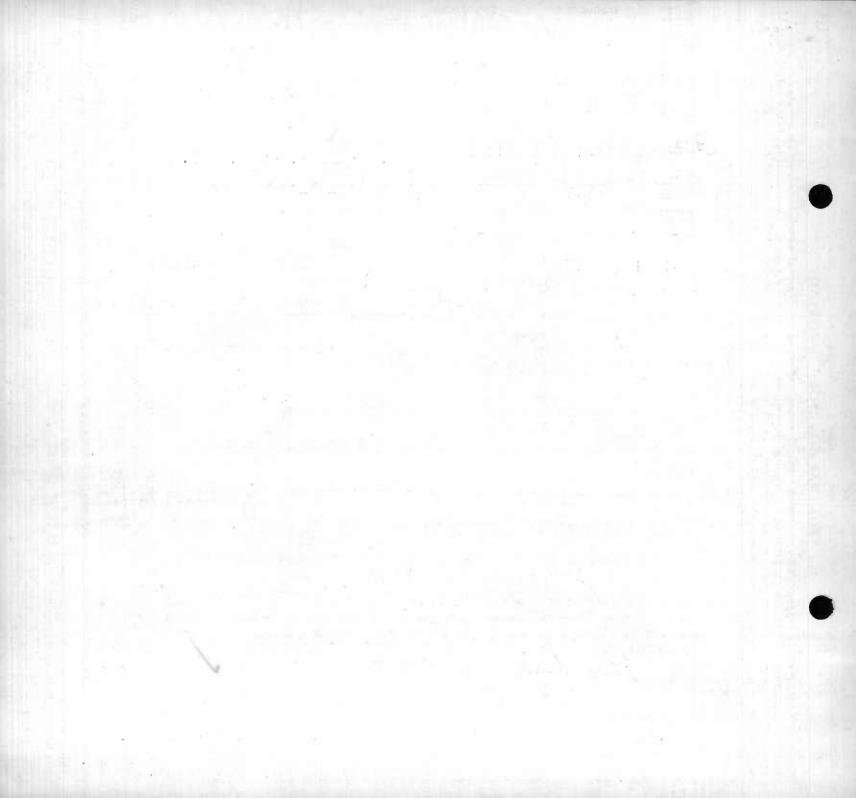
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00	C	

BIRTH NO.							KEG. NO.			
1. NAME OF DEC	EASED			2. DATE OF	Known 🔀	Month	Doy	Yeor	Hour	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LEN	A	Loskot	DEATH	Estimoted 🗌	1	8	68		M.
			PRONOUNCED DEAD	3. DATE	JNCED DEAD	Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL	(IF NOT IN HO ADDRESS OR	DSPITAL OR IN LOCATION)	STITUTION, GIVE STREET	""	DIVCED DEAD	1	8	68	1	М.
OR INSTITUTION					ESIDENCE (Where	dece osed li		n: residence	before odmi	ssion)
1803	EUTAW PLA	CE		A. STATE	Maryla	nd	B. COUNTY	Ral i	imore	
6. SEX	7. RACE		RIED NEVER MARRIED	C. CITY OR	and the same of		D. INSIDE C			
Female	White		WED DIVORCED		Baltin	1020		ES X	ио П	
9. DATE OF BIRT		GE (In years	If Under 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER	iore	- E)	ES LAL	ио 📙	
	lost b	Irthdoy)	Months Doys Hours Min.		703 N	SLIA	OI J	giste.	2 (4.00)	Edder .
Feb. 8, 1	377 90	_	12. CITIZEN OF	13. FATHER		· KOS	000.		AND	
	slovakia	"' ' '	WHAT COUNTRY?	IJ. PATRIER		D	abser			and the state of
			U.S.A.		unknown		obry			
	PATION (Give kind o rorking life, even if re		D OF BUSINESS OR INDUSTR	Y IS. MOTHE		ME				
Seams'			nknown		unknown					
	ED EVER IN U.S. A (If yes, give wor or		SP 17. SOCIAL SECURITY NO		MANT3804				21206	
(100,11001011110111	(11 yes, give were	00103 01 201710	212-07-3226	Mrs.	Mary L	oskot	,dght-	in-la	W	
19.	2.9		CAUSE OF DEA	TH					PPROXIMATE IN	
7/0	- an complete	DIRECTIV	Artorios	clorati	c cardiov	725011	ar disos		VEETA CHOEF A	IND DEATH
	E OR CONDITION LEADING TO DEAT				c cardio	ascul	ar disec	156		
(This does n	ot meon the mode	of dying, e.g.	(A) IMMEDIATE O	AS A CONSEQ	UENCE OF:					
	, osthenio, etc. It med aplication which cous									
	VIECEDENT CAUS		G (B)	AS A CONSE	DUELICE OF					
RISE TO THE	OR CONDITIONS, I E ABOVE CAUSE (A	F ANY, GIVING	E DUE 10, OK	AS A CONSE	QUENCE OF:					
Z UNDERLYIN	AG CONDITION F	ÁST.	(c)							
OTHER SIGN TO THE DE	1 11									
THER SIGN	IFICANT CONDITIO	NS CONTRIB	JTING							
DISEASE OR	ATH BUT NOT RELAT									
DISEASE OR 20A. DATE OF	OPERATION 208.	CONDITION	N FOR WHICH OPERATION W	AS PERFORM	NED			21. AUTO	PSY? (Yes	or No)
0									Mo	
₹ 22A. EXTER	NAL CAUSE WAS		228. PLACE OF INJURY (e.g.,	in or obout 2	2C. WHERE DID	(If in Boltimo	re City, give ex	coct locotion)	No_	
	OR CONTRIB		home, form, foctory, street, office	ce bldg., etc.)	NJURY OCCUR?					
∑ 22D. TIME	(Month) (Doy)	(Yeor) (Ho	ur) 22E.INJURY OCCURRED	2	2F. HOW DID IN	JURY OCC	UR?			
OF INJURY	(, (50,7)	(1001)		WHILE						
(APPROX.)				VORK						
		. Investor	Inspection X Au	topsy 🗌	ond that on t	hia haaia	dood in			
	ify that I held a									
resul	ted from: Notura	couses X	Accident Suici				ined manner			
ACTUAL	41111		5 -1		CHIEF MEDICAL				DATE SIG	NED
ACTUAL		12/2	-/ ACT MIL	D. ASSI	STANT MEDICAL	EXAMINER	XX			
EXAMIN	ER'S		(/, 5	ASSC	CIATE MEDICAL	EXAMINER			1-8-6	8
NAME (1			ITZ, M.D.							
24A. BURIAL CRE		ATE	C. NAME of CEMETERY			LOCATION	(City, tow	vn, or county) (Sto	ote)
Burial	1/1	0/68	Bohemian Nat	ional	Cem.	Balti	more,	Md.		
25A. DATE REC'D	BY HEALTH DEPT.	25B.	NAME OF REGISTRAR	25C.	FUNERAL DIRECT	OR	7 77	ADDRESS		
			but E. Farley!	Sc				-	nc.	
	JAN9	1200 00	May C. Janoer		5001	E. Ma	dison	St.		
VS 151-REV. 1/1/61	3			100						



VS 150-REV. 1/1/6B

BALTIMORE CITY	Y HEALTH DEPARTMENT REG. NO. 68 0194						
BIRTH NO. 68 0194 CERTIFICA	TE OF DEATH REG. NO.						
1 NAME OF DECEASED	2 DATE AND ROLLS OF DEATH						
(Type or Print) Smith, William C.	2. DATE AND HOUR OF DEATH						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. It institution: residence before odmission)						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
25	BALTIMORE 5 YES NO						
JOHNS HOPKINS HOSPITAL	E. STREET AND NUMBER N. GLOVER ST.						
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.						
MALE WHITE WIDOWED DIVORCED	10-19-00 lost birthdoy) Months Days Hours Min.						
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
done during most of working life, even if retired) Ret-Carpenter self-employed	Baltimore, Md.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
WILLIAM SMITH	ELIZABETH MILLER						
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS						
no 212-12-6227A	Margaret Ritz Smith, wife, above						
1B. CAUSE OF DEAT	H APPROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH						
LEADING TO DEATH	Cardiorespiratory failure						
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,							
injury or complication which caused death,)	troi a (magamania) agairmatian						
ANTECEDENT CAUSES (B)	tric (pneumonic) aspiration						
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS rise to the above cause (A) stating the UNDERLYING CONDITION last.	A CONSEQUENCE OF:						
(9)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
	io coma and anomia with CHI						
TOISEASE OR CONDITION GIVEN IN PART 1 (A).	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED						
19A. DATE OF OPERATION WAS PERFORMED	Ves						
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., OR CONTRIBUTING CAUSE OF Common of the common of							
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
OF INJURY (APPROX.) While At Not Whi At Work							
22. I certify that (I) (this hospital) arended the deceased fram	1/8/68 19 to 1/8/63 19 ,						
that (I) (we) last saw the deceased olive an 1/8/68	19ond that in (my) (our) opinion death accurred an the dote						
and how and from the couses stated above. (I) (We) did) (did not)	view the body after deoth.						
	ending Med. Shoff Phys. 128. DATE SIGNED						
23C. PHYSICIANS Dr. Philip Reid	23D. ADDRESS						
NAME (Type) January 8, 1968	The Johns Hopkins Hospital						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	REMATORY 24D. LOCATION (City, town, or county) (State)						
Burial 1/11/68 Gardens of Fai							
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Schimunek Funeral Home, Inc.						
IAN9 1968 0 0 15 2 FarleyMA	26 01 E. Madison St.						



H-520

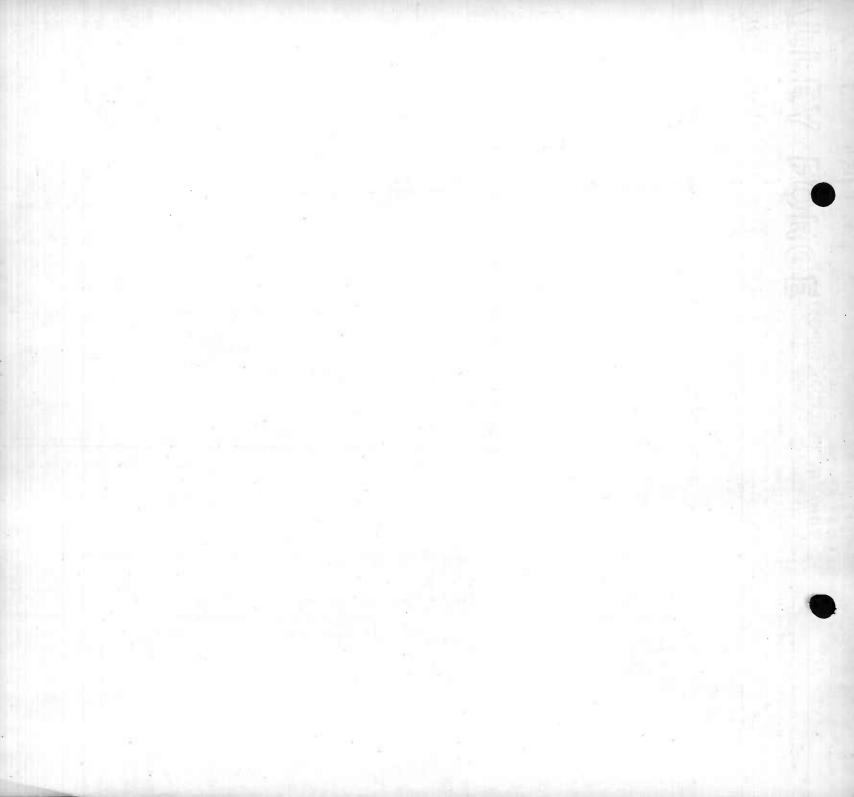
68 0195 BALTIMORE CITY HEALTH DEPARTMENT

MEDI	CAL EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO	68	0195
BIRTH NO.		II. DATE					<u></u>
1. NAME OF DECEASED (Type or Print)	T T T T T T T T T T T T T T T T T T T	2. DATE OF	Known 🖾	Month	Doy	Yeor	Hour
FRANK	HENNEKE	DEATH	Estimated	1	7	68	11:50 AM
4. PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL ADDRESS OR LOCATE OR INSTITUTION	OR INSTITUTION, GIVE STREET ON)		JNCED DEAD	1	7	68	11:50 A
OK IIVOINOITO		A. STATE	ESIDENCE (Where	deceased il	B. COUNTY	on: residence l	before odmission)
JOHNS HOPKINS HOSP	PITAL - DOA		Maryland	1	5. 0001111	∦ Balti	more
	8. MARRIED NEVER MARRIED	C. CITY OR	TOWN	1	D: NSIDE	ITY LIMITS?	
	WIDOWED DIVORCED		Baltimor			37	🖂
Male White 9. DATE OF BIRTH 10. AGE (In)		E STREET	ND NUMBER	C	,	ES X	NO L
3/13/1894 Tost birthdoy)	Months, Doys, Hours, Min.	E. SIKEEL A		lderv	Street	Ralti	more 2120
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF	13. FATHER		rucry	DETECT	Dalti	more zizo.
Baltimore, Md.	WHAT COUNTRY?	F	rederick	Henr	eke		
14A.USUAL OCCUPATION (Give kind of work) 14	48. KIND OF BUSINESS OR INDUSTRY	Y 15. MOTHE	R'S MAIDEN NA!	WE			
done during most of working life, even if retired) Mechanic Crow	vn, Cork & Seal		Annie	Turwy	7		
6. WAS DECEASED EVER IN U.S. ARMED	FORCES? 17. SOCIAL	18. INFOR	MANT		-	ADDRESS	21206Ci1
(Yes, no or unknown) (If yes, give wor or dotes of	SECURITY NO. 215-09-6773	Cecel	ia Gluth	, dgl	it,574	7 A H	azelwood
19.	CAUSE OF DEA	TH					PROXIMATE INTERVAL
DISEASE OR CONDITION DIRECT	ny Arterios	cleroti	c and hyp	ertens	ive	BE I VI	TEN ONSET AND DEATH
LEADING TO DEATH			diovascul				
(This does not mean the made of dyin heart failure, asthenia, etc. ft means the a	ig, e.g., DUFTO OR	AS A CONSEC	UENCE OF:	Chile also		*******	
injury or complication which coused deat	h.)						
ANTECEDENT CAUSES	GIVING (B)	AS A CONSE	THE NICE OF				
DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI	NG THE	AS A CONSE	WOENCE OF:				
UNDERLYING CONDITION LAST.	(c)						
0	(V/and da damana, appendix						***************************************
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PART 20A. DATE OF OPERATION 208. CONI	NTRIBUTING						
TO THE DEATH BUT NOT RELATED TO T	HE TERMINAL						
DISEASE OR CONDITION GIVEN IN PAR		AC DEDECOR	FB			101 01170	merca (V N.)
20A. DATE OF OPERATION 208. CON	DITION FOR WHICH OPERATION W	AS PERFORM	ED			ZI. AUTO	PSY? (Yes or No)
							No
22A. EXTERNAL CAUSE WAS	22B. PLACE OF INJURY (e.g.,	in or obout 2	2C. WHERE DID	(If In Boltimo	re City, give ex	oct locotion)	
UNDERLYING OR CONTRIB-	home, form, foctory, street, offic	e bldg., etc.) I	NJURY OCCUR?				
22D. TIME (Month) (Doy) (Yeor)	(Hour) 22E.INJURY OCCURRED	- 2	2F. HOW DID IN.	JURY OCCI	JR?		
OF INJURY		WHILE					
(APPROX.)		ORK					
23.							
I certify that I held an Inc		tapsy 📙	and that an th	nis basis,	death in my	apinian	
resulted fram: Natural caus	es X Aceident Suicio	de 🗌 He	micide 🔲	Undetermi	ned manner		
			CHIEF MEDICAL E	XAMINER			
ACTUAL ////LAAD	1. 25		STANT MEDICAL E		TT T		DATE SIGNED
SIGNATURE WEYER	M.D). ASSI	STAINT MEDICAL E	XAMINEK	54		1 0 67
EXAMINER'S	CDTTZ M D	ASSC	CIATE MEDICAL E	XAMINER			1-8-67
NAME (Type) WERNER U.							
24A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY			LOCATION		n, or county) (Stote)
REMOVAL (Specify) Burial 1/11/6	68 Holy Redeem	er Cen	etery	Balt:	imore,	Md.	
				D D		ADDDESS	
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	Sch	I munek	funera	al Hom	e, In	C.
JAN 9 1968 (Robert E. Farleyna		331 Brel				
/S 151-REV. 1/1/68							
J 131-KLY. 1/1/00		bas	3 V	3			

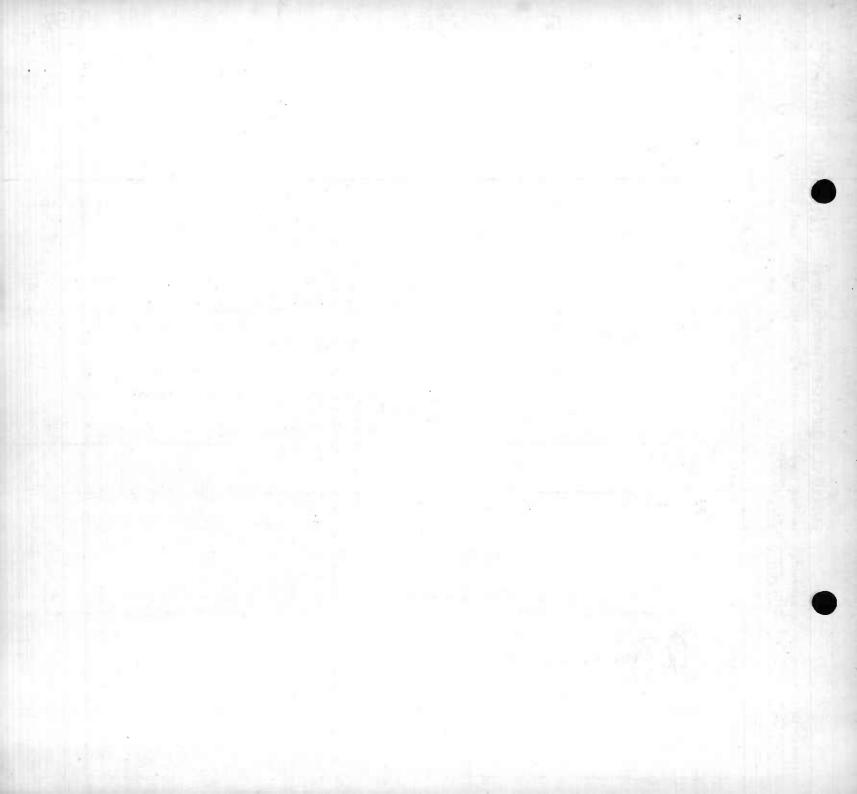
Such

CO O	BALTIMORE CITY	HEALTH DEPARTMENT		00 0400
68 O:	CERTIFICA	TE OF DEATH	REG. NO	68 0196
1. NAME OF DECEASED	OREVCE M.	1	HOUR OF DEATH	10:30 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived. If in	titution: residence befare admission
FULL NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	MARYCAN	VD	1 and O Lawrence
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN , D. INSIDE CITY LIMITS?			
2/		BACTI MO	ORE	YES NO NO
3 FRANKLIN SQUARE	HOSPITAL	26 39 A		57.
5. SEX F 6. RACE WIDO	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. 1c	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
tOA. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	S County	12. CITIZEN OF WHAT COUNTRY
	t home	MARYCH	ND	1
3. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAM		
EDGAR CULLISO.	N	ALICE YOU	RADINAR	Bradburn
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL	17. INFORMANT	^	ADDRESS
Tes, no or other will yes, give wor or doles or serv	918-09-042	VIA FRANK	CIN 54	UME HOSPITM
18.	CAUSE OF DEATH	I		APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY				BETWEEN ONSET AND DEAT
LEADING TO DEATH	(ANIMMEDIATE CALL	ISE INTRA - ABOU	MINDL	ARCINOGIA (3 C
(This does not meon the mode of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF: PANCHERS?	7	
heort foilure, asthenio, etc. It means the disc injury or complication which caused death.)	edse,	(PANCHEAS:	/	
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if ony, gi	ving (B)	A CONSEQUENCE OF:		000440000000000000000000000000000000000
rise to the above cause (A) stoling	the			
UNDERLYING CONDITION Iasi.	(C)		••••••	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
TO THE DEATH BUT NOT RELATED TO THE TERMI				
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.)	n or obout 21C. WHERE DID ince bldg. INJURY OCCUR?	(If In Boltimor	e City, give exact location)
21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
₩ OF INJURY (APPROX.)	While At Not While Work At Work			
22 1 - 2:5 4-2 (1) (41:4 1- 2:4-1) 444-1		12-15	67.	-5 1968
22. I certify that (I) (this haspital) attend	1 000 1000	60		
that (1) (we) last sow the deceased olive			t in (my) (one) obj	nion death occurred on the do
and hour and fram the causes stoted abay	re. (I) (We) (did) (did not) v	iew the body after deoth.		
23A. SIGNATURE	2 4 0 440	nding Med. S	Staff [7	23B, DATE SIGNED
Juleen 1. The	100 M DEGREE Phy		hys.	1-0-68
23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS	PR MAN	16 1
KUBEN V. L	PNA MD	FRAKLIN	OQUARO	1050,7M
	C. NAME of CEMETERY OF CRI	MATORY 24D. LO	CATION (C	ity, town, or county) (Stote)
Burial 1/9/68	Meadowridge Me	em. Park Ra	ltimore,	Md.
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JAN 9 1968 R.	seb E. FarberMA	Schimunek F 2601 E. N	uneral Ho ladison Si	ome, Inc.

VS 150-REV. 1/1/6B



	TH NO.	68	UL	OF CERTIFICA	ATE OF DEATH		0101	
	AME OF DEC		DETDITO	T		AND HOUR OF DEATH		
3. 1	PLACE IN BAL	MRS, ALICE			A. STATE A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY 724 N. KENWOOD AVENUE C. CITY OR TOWN BALTIMORE, MD, 21205 E. STREET AND NUMBER			
HO	LL NAME OF SPITAL OR STITUTION	ADDRESS OR LOC	ATION)	TUTION, GIVE STREET				
		HOME AND HOSE	PITAL					
5	100 N, B	ROADWAY						
	BALTIMOI	IG. RACE	212	231	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.	
	female	white	WIDOWED	NEVER MARRIED DIVORCED	4/7/1888	lost birthdoy)	Months Doys Hours Min.	
					Y 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY	
		working lile, even if retired)		ad have	MARYLAND.	Baltimore		
	DUSEWLÍ		1	at home	14. MOTHER'S MAIDEN			
		FEUCHTER				CT TEICHMAN		
5. 1	Wos Deceased	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL		5 Gough St.	ADDRESS 21224	
Yes	s, no or unknown	(If yes, give wor or dot	es of service)	SECURITY NO.	/10	eiblich, so	, 21264	
-	1B. / Z	21.1.		215 48 3128 CAUSE OF DEA		elblich, so	APPROXIMATE INTERVAL	
	10	SE OR CONDITION D	IRECTLY	CAUSE OF BEA			BETWEEN ONSET AND DEATH	
		LEADING TO DEATH		/ANIMMEDIATE CA	USE Periton tos		40	
		not meen the mode of osthenio, etc. It meens		DUF TO, OR AS	A CONSEQUENCE OF:	•••••		
	injury or com	nplication which cause	d deoth.)		, , ,	100	10	
		ANTECEDENT CAUSES	S	Mszuz	Jan anda Da	. how 1/ 1/1 1 1 1 1 had		
				(B)	July 10 10-10	eray unasti	mesu - 0.	
		OR CONDITIONS, if			tron colo-re § A CONSEQUENCE OF:		6 M	
	rise to the	OR CONDITIONS, if e obove couse (A) G CONDITION lost.			s a consequence of: ma quefun		6 ma	
z	rise to the UNDERLYING	e obove couse (A) G CONDITION lost.	stoling the				6 ma	
	UNDERLYING 154 OTHER SIGNIF TO THE DEAT	e obove couse (A) G CONDITION lost. IL CICANT CONDITIONS CO	STOTING THE				6 ma	
ICATION	OTHER SIGNIF	e obove couse (A) G CONDITION lost. I CONDITION SCONDITIONS COUNTY OF THE CONDITION PARTIES TO ONDITION SIVEN IN PARTIES TO OPERATION 198. COI	SIDING THE		ma grechen	v Noil 208. IF YES, WERE	6 Mig	
ATIO	OTHER SIGNIF	e obove couse (A) G CONDITION lost. I CONDITION SCONDITIONS COUNTY OF THE CONDITION PARTIES TO ONDITION SIVEN IN PARTIES TO OPERATION 198. COI	Sloting the ONTRIBUTING THE TERMINAL RT 1 (A).	(c) Carens	ma grechen	v Noil 208. IF YES, WERE	6 Ma	
CERTIFICATIO	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF	CONDITION lost. CICANT CONDITIONS CONDITION GIVEN IN PARTITION 198. CONDITION 198. CONDITION GIVEN IN PARTITION 198. CONDITION 198. CONDITIO	DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR REPORMED.	WHICH OPERATION Of Netheral B. PLACE OF INJURY (e.g., me, form, foctory, street,	ma grechen	D (If in Baltimo	6 Mig	
ICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify	CONDITION lost. II ICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PARTIES TO WAS PET T	ONTRIBUTING THE TERMINAL RI 1 (A). NOTION FOR REPORMED	WHICH OPERATION Of Netheral B. PLACE OF INJURY (e.g., me, form, foctory, street,	20 A. AUTOPSY? (Yes o	D (If in Baltimo	FINDINGS CONSIDERED AUSES OF DEATH?	
ICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF	CONDITION lost. CICANT CONDITIONS CONDITION GIVEN IN PARTITION 198. CONDITION 198. CONDITION GIVEN IN PARTITION 198. CONDITION 198. CONDITIO	ONTRIBUTING THE TERMINAL RI 1 (A). NOTION FOR REPORMED (Hour) 211	WHICH OPERATION Of Methum B. PLACE OF INJURY (e.g., me, form, foctory, street,)	in or obout 21C/WHERE DI office bldg., INJURY OCCU	D (If in Baltimo	FINDINGS CONSIDERED AUSES OF DEATH?	
ICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF 21A. A CCIDE! OR CONTRIBL DEATH (notify 21D. TIME	CONDITION lost. CICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PARTIES TO WAS PER CONDITION GIVEN IN PARTIES TO WAS PER CONDITIONS	ONTRIBUTING THE TERMINAL RI 1 (A). NOTION FOR REPRIMED 21 hotel (Hour) 211	WHICH OPERATION Of Meeture B. PLACE OF INJURY (e.g., me, form, foctory, street,)	20A. AUTOPSY? (Yes of the property of the prop	D (If in Baltimo	FINDINGS CONSIDERED AUSES OF DEATH?	
MEDICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)	e obove couse (A) G CONDITION lost. II FICANT CONDITIONS COUSE H BUT NOT RELATED TO ONDITION GIVEN IN PA OPERATION 19B. COU WAS PEI NT WAS UNDERLYING JTING CAUSE OF medicol exominer) (Month) (Doy) (Year)	ONTRIBUTING THE TERMINAL RI 1 (A). NOTION FOR REPRIMED (Hour) (Hour) 211 W W	WHICH OPERATION Of Meeture B. PLACE OF INJURY (e.g., me, form, foctory, street, c.) E. INJURY OCCURRED hile At Not Whork	20A. AUTOPSY? (Yes of the property of the prop	D (If in Baltimo	FINDINGS CONSIDERED AUSES OF DEATH?	
MEDICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDED OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. 1 certify	CONDITION lost. CICANT CONDITIONS COMBINED TO CONDITION GIVEN IN PARTICIPATION TO PERATION TO CONDITION GIVEN IN PARTICIPATION TO CONDITION TO COND	ONTRIBUTING THE TERMINAL RIT 1 (A). NOTION FOR REPORMED (Hour) 211 WW wil) attended	WHICH OPERATION Of Meeture B. PLACE OF INJURY (e.g., me, form, foctory, street, c.) E. INJURY OCCURRED hile At Not Whork	in or obout 21C WHERE DI Office bidg., 21F. HOW DID	D (If in Baltimo	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location)	
MEDICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we)	e obove couse (A) G CONDITION lost. IL FICANT CONDITIONS COUNTY ONDITION GIVEN IN PA OPERATION 198, COUNTY OP	DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR RPORMED. (Hour) 211 W W W atl) attended ed alive an.	WHICH OPERATION Of Refun B. PLACE OF INJURY (e.g., mee, form, foctory, street, mee). E. INJURY OCCURRED hile At Work the deceased fram	in or obout 21C WHERE DI Office bidg., 21F. HOW DID	INJURY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exoct location)	
MEDICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we)	CONDITION lost. CONDIT	ONTRIBUTING THE TERMINAL RIT 1 (A). NOTITION FOR REPORMED (Hour) 211 WW wil) attended ed alive an	WHICH OPERATION Of Netfun B. PLACE OF INJURY (e.g., me, farm, factory, street, c.) E. INJURY OCCURRED hile At Work the deceased fram (1) (We) (did) (did nat)	20A. AUTOPSY? (Yes of in or about 21CJWHERE DI office bldg., INJURY OCCUI	INJURY OCCUR? 19 ta	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exoct location)	
MEDICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDED OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we) and hour and	e obove couse (A) G CONDITION lost. II CANT CONDITIONS COUSE H BUT NOT RELATED TO ONDITION GIVEN IN PA OPERATION 198. COU WAS PEI THE COUSE OF medical examiner) (Month) (Doy) (Year) that (1) (this haspital last saw the decease d fram the causes sta	ONTRIBUTING THE TERMINAL RIT 1 (A). NOTITION FOR REPORMED (Hour) 211 WW wil) attended ed alive an	WHICH OPERATION PREFUE B. PLACE OF INJURY (e.g., me, farm, factory, street,) E. INJURY OCCURRED hile At Not Whork At Work the deceased fram	in or obout 21C WHERE DI office bidg., INJURY OCCUI	INJURY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location) 19 inian death accurred an the data	
MEDICAL CERTIFICATIO	OTHER SIGNIFTO THE DEATH DISEASE OR CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we) and haur and	e obove couse (A) G CONDITION lost. II CICANT CONDITIONS COUSE H BUT NOT RELATED TO ONDITION GIVEN IN PA OPERATION 198. COU WAS PEI NT WAS UNDERLYING UTING CAUSE OF medicol exominer (Month) (Doy) (Year) that (1) (this haspital last saw the decease d fram the causes sta	ONTRIBUTING THE TERMINAL RIT 1 (A). NOTITION FOR REPORMED (Hour) 211 WW wil) attended ed alive an	WHICH OPERATION Of Refun B. PLACE OF INJURY (e.g., me, form, foctory, street, m.) E. INJURY OCCURRED hille At Work the deceased fram	20 A. AUTOPSY? (Yes of the property of the property) and the property of the p	INJURY OCCUR? 19	FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location) 19 inian death accurred an the data	
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MEDICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and haur and 23A. SIENATU	e obove couse (A) G CONDITION lost. II CICANT CONDITIONS COUSE H BUT NOT RELATED TO ONDITION GIVEN IN PA OPERATION 198. COU WAS PEI NT WAS UNDERLYING JTING CAUSE OF medical examiner) (Month) (Doy) (Year) that (1) (this haspital last saw the deceas d fram the causes sta	ONTRIBUTING THE TERMINAL RI 1 (A). NOTION FOR REPRIMED (Hour) (Hour) (Hour) (Hour) (The interpretation of the content of	WHICH OPERATION PLEFUL B. PLACE OF INJURY (e.g., me, form, foctory, street,) E. INJURY OCCURRED hile At Not Whook At Work the deceased fram DEGREE NOT Who At Work The deceased fram DEGREE DEGREE	in or obout 21 C. WHERE DI Office bidg., INJURY OCCUI	INJURY OCCUR? 19 ta	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location) 19 23B. DATE SIGNED City, town, or county) (State)	
MEDICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAT TO THE OR CONTRIBL DEATH (notify TO THE TO	CONDITION lost. CONDITION lost. CONDITION lost. CANT CONDITIONS CONDITIONS CONDITION GIVEN IN PARAMETER TO CONDITION GIVEN IN PARAMETER TO CONDITION GIVEN IN PARAMETER TO CAUSE OF MEDICAL CONDITION (Month) (Doy) (Year) That (1) (this haspital last saw the deceased from the causes stated from the cause	ONTRIBUTING THE TERMINAL RIT 1 (A). NOTION FOR REPRIMED (Hour) 211 WW atl) attended ed alive an. ated abave.	WHICH OPERATION B. PLACE OF INJURY (e.g., me, farm, factory, street,) E. INJURY OCCURRED hite At Work the deceased from (I) (We) (did) (did nat) DEGREE DEGREE DEGREE AT DEGREE AT DEGREE AT DEGREE AT DEGREE AT DEGREE AT DEGREE DEGREE AT DE	20 A. AUTOPSY? (Yes of the control o	INJURY OCCUR? 19 ta d that in (my) (aur) aporth. Stoff Phys. D. LOCATION (C. Baltimore)	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location) 19 inian death accurred an the dat 23B. DATE SIGNED City, town, or county) (State) Md.	
MEDICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAT TO THE OR CONTRIBL DEATH (notify TO THE TO	e obove couse (A) G CONDITION lost. II CICANT CONDITIONS COUSE H BUT NOT RELATED TO ONDITION GIVEN IN PA OPERATION 198. COU WAS PEI NT WAS UNDERLYING JTING CAUSE OF medical examiner) (Month) (Doy) (Year) that (1) (this haspital last saw the deceas d fram the causes sta	ONTRIBUTING THE TERMINAL RIT 1 (A). NOTION FOR REPRIMED (Hour) 211 WW atl) attended ed alive an. ated abave.	WHICH OPERATION PLEFUL B. PLACE OF INJURY (e.g., me, form, foctory, street,) E. INJURY OCCURRED hile At Not Whook At Work the deceased fram DEGREE NOT Who At Work The deceased fram DEGREE DEGREE	in or obout 21 C. WHERE DI Office bidg., INJURY OCCUI	INJURY OCCUR? 19 ta d that in (my) (aur) aporth. Stoff Phys. D. LOCATION (C. Baltimore)	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location) 19 238. DATE SIGNED City, town, or county) (State)	



T-520 B

	CERTIFICATE OF DEATH REGINO 68 01	98
BIRTH NO.		
1. NAME OF DECEASED (Type or Print) SAMUEL EDGAR THOMAS	2. DATE Known	P.,
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD January 5, 1968 7:20 5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before odmis	A
St. Agnes Hospital	A. STATE Maryland B. COUNTY	51011)
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
Male White WIDOWED DIVORCED	Baltimore (YES NO [
9. DATE OF BIRTH 3/10/92 10. AGE (In years H Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours Min.	E. STREET AND NUMBER	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Ohio WHAT COUNTRY?	Samuel Thomas	
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR		
done during most of working life, even if retired)		
11001100	o.Margaret Green	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	IB. INFORMANT ADDRESS	
no 207-10-6480	Mary Osifchak Thomas, wife, above	
19. CAUSE OF DEA	APPROXIMATE IN BETWEEN ONSET A	
DISEASE OR CONDITION DIRECTLY Arterio	sclerotic Cardiovascular Disease	
LEADING TO DEATH (A)IMMEDIATE		
	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
0		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes o	r No)
UNDERLYING OR CONTRIB- home, form, foctory, street, offi	, in or obout 22C. WHERE DID (If In Boltimore City, give exoct location) ce bldg., etc.)	
Z 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.) m. WORK AT	WORK	
23.	. De data distributa dan 1	
	utopsy and thot an this basis, deoth In my apinian	
resulted from: Notural couses X Accident Suici	de U Homicide U Undetermined monner U	
11000 16-51	CHIEF MEDICAL EXAMINER L	NED
SIGNATURE WELL SUB LA TOPE M.	ASSISTANT MEDICAL EXAMINER IS	
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	
NAME (Type)	1-6-68	-
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Sto	te)
Burial 1/10/68 Oak Lawn C	emetery Baltimore, Md.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		
JANY 1968 Relat E. Farbuna	Schimunek Funeral H me, Inc.	

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BIRTH N 1. NAM (Type or

3. PLAC

FULL N HOSPIT

5. SEX

IOA, USI

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13. FATI A

15. Was (Yes, no

of death

	HEALTH DEPARTMENT	00 0400
RTH NO. 68 0199 CERTIFICA	TE OF DEATH REG. NO.	68 01.99
	IL OF DEATH	
ype or Print) DAVIS MRS MARIE F.	2. DATE AND HOUR OF DEATH	10-5 P.M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If inst	itution: residence before admission)
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAMP, U	IS Aug to a world
IOSPITAL OR ADDRESS OR LOCATION)		E CITY LIMITS?
CHUIZCH HOME AND HOSPITAL		YES NO
35	E. STREET AND NUMBER 1035 Spangler Way -	21205
SEX 6. RACE WIDOWED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 12-25 -90 9. AGE (In years lost birthday) 77	If Under 1 Yr. If Under 24 Hrs. Months Days Haus Min.
	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Include a continuous and a continuous an	pro	BMERICOH
- FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ANDREW KOHL	KATHERINE PIL	LAR
was Deceased Ever in U. S. Armed Forces? es, no of unknown] (If yes, give war at dates of service)	17. INFORMANT	ADDRESS
es, no of unknown) (If yes, give war at dates of service) SECURITY NO. 216-10-4097A	ELEIN PAVIS (Husbert) Ervin	035 Spangler
18. 24 6 VI CAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	SE Congestinie Gent 70 A CONSESSENCE OF:	BETWEEN ONSET AND DEATH
LEADING TO DEATH	Congestine Sepet to	uline
(This daes not mean the made of dying, e.g., DUE TO, OR AS A	CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)		•
ANTECEDENT CAUSES August	ensure Gent Dese	ese
(8)	A CONSEQUENCE OF:	
rise to the abave cause (A) stating the	A CONSEQUENCE OF.	
UNDERLYING CONDITION lost, (C)		
443X II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART 1 (A).		
2 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FI	NDINGS CONSIDERED
WAS PERFORMED	IN CENTING CAO	JES OF DEATH:

DIS rise UN CERTIFICATION OTH TO 19A 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exact location) MEDICAL DEATH (notify medical examiner) 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While (APPROX.) Work At Work 6 22. I certify that (1) (this haspitel) attended the deceased from that (I) (we) lost sow the deceased alive on ond that in (my) (our) opinion death occurred on the date and hour ond from the couses stated abave. (I) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Staff Director Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24D. LOCATION (City, town, or county) (State) 1/9/68 Haven Mem. Baltimore, Md. Glen Park Burial Schimunek 3331 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR ADDRESS Brehms L Home,

VS 150-REV. 1/1/68

57-35 (4) 010 KATHERINE " 240 m 0-3 6/44 E VERN THEIR SHARED TO THE ingested that fines. Hypordinani Stront Duran per species is per in from himse HA NEWTH 2. SUBSCIE NO Charle House of Hope C.

208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 68 19 68 to JANUARY 6 23 B. DATE SIGNED BALTIMORE, MD. 21229 (City, town, or county) Glen Burnie, Md. Raymond C. Fink Glen Burnie. Md.

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

NOXT

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APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

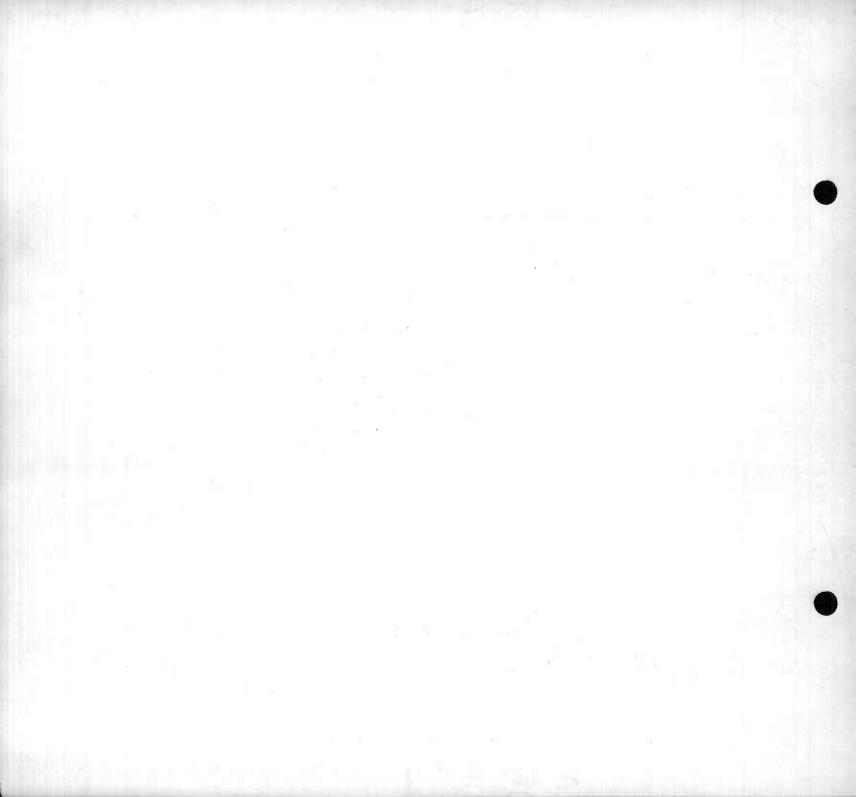
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1		LIT HEALTH DEPARTMENT	68 0201
ВІ	RTH NO.	CATE OF DEATH REG. NO. —	UO UZUI
	NAME OF DECEASED ype or Print)	2. DATE AND HOUR OF DEATH	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If i	101
FI	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. STATE 8. COUNTY	21-72
H	OSPITAL OR ADDRESS OR LOCATION)		NOE CITY TIMITS?
1	8 Mars 1 8. Unt Tol	Ballimore	YES NO
	Maryland Gen. Hospital	4409 Mass Avenue	74.00
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	MIDOWED DIVORCED	11 3 99 lost birthdoy)	Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Retired-CHAUFFEUR POLICE DEPT	Baltimore	U.S.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Cenrad tunk	Mary Schenning	
5. Ye	. Wos Deceosed Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANTO	ADDRESS
	216-40-219		409 MARX AVE
	18.4/2 9 1 CAUSE OF D	LLYON ARY EDEMA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	C A A	1 day
		AS A CONSEQUENCE OF:	DISCOPSES /
	injury or complication which caused death.)	ausciend to the	Discrise
	ANTECEDENT CAUSES	CF ENGLIDE	1/10
	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the	AS A CONSEQUENCE OF:	
	UNDERLYING CONDITION last. (C)		
_	420.0 11	V	
HON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
ICAT	194 DATE OF OBERATION 1108 CONDITION FOR WHICH OBERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED
ERTIFI	WAS PERFORMED	IN CERTIFYING CA	USES OF DEATH?
U	OR CONTRIBUTING CAUSE OF	.g., in or obout 21 C. WHERE DID (If in Boltimo	re City, give exoct location)
CAL	DEATH (notify medical examiner) etc.)		
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
<	(APPROX.) While At Work Not	While O	1 1
	22. I certify that (I) (this haspital) attended the deceased fram	19 68 ta	1 6 1968
	that (I) (we) last saw the deceased alive an	19and that in(my) (aur) api	inian death accurred on the dat
	and haur and from the causes stated above. (I) (We) (did) (did no		***
	23A. SIGNATURE		238, DATE SIGNED
	DEGREE	Attending Med. Staff Phys. Director Phys.	116168
	23C. PHYSICIAN'S NAME (Type) C C ARDOL DATE	23D. ADDRESS	10
		GREE PLANTED JUN - PLANTED	That
24	A. BURIAL CREMATION, REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY or	CREMATORY 24D. LOCATION (C	ity, town, or county) (Stote)
1	BURIAL 1/9/68 PARKWOOD	CEMETERY PARKVILL	E MAD
25.	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	1000 1968 P. P. & Farly	ULL RICH FUNERAL HON	7E 4210 BELAIR RO
VS	150-REV. 1/1/68		



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death.

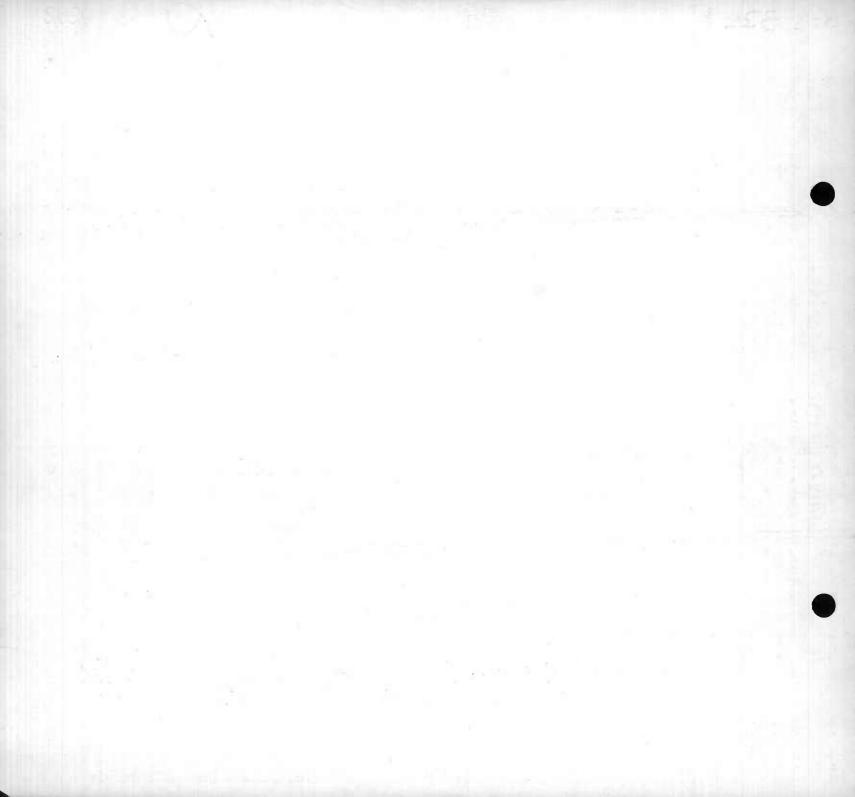
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of death a hospital and

			0000		HEALTH DEPARTMEN			68	0202
BIRT	H NO.	68	UZUZ	CERTIFICA	TE OF DEATI	H REG	No.	UO	CHUN
Тур	AME OF DECEM e or Print)	Frederic	k William	Smitzel	2. DAT	an 6/68	DEATH		
		Baltimore Cit	v Hosputa	ls	4. USUAL RESIDENCE (A. STATE B. C. Mai	where deceosed ounty yland	lived. If inst	itution: reside	ence before odmissio
HO:	SPITAL OR TITUTION	ADDRESS OR LOCA	TION)		c. CITY OR TOWN Baltimore	Co		E CITY LIMITS	NO []
	31				E. STREET AND NUMBER 4319 Kenwood			5.	3-00
. si	ile	white	7- MARRIED A	NEVER MARRIED DIVORCED	B. DATE OF BIRTH March 1 1898	9. AGE (In y last birthday) 69		If Under 1 Months Doy	Yr. If Under 24 H
		PATION (Give kind of work orking life, even if retired)	Tavern	INESS OR INDUSTRY	11. BIRTHPLACE (Stote or Maryland	foreign country)		U.S.	OF WHAT COUNT
3. F	ATHER'S NAM	Man da e			14. MOTHER'S MAIDEN				
S. V Yes,	Vas Deceased E	Smitzel Ever in U. S. Armed Forc (If yes, give wor or doles NO	of service)	SOCIAL SECURITY NO. 6-07-5485	Marie Conr Mrs Harriet				DRESS
	(This does no hearl failure, o injury ar camp	E OR CONDITION DIR EADING TO DEATH I meon the mode of sthenio, etc. It meons dication which caused NTECEDENT CAUSES	dying, e.g., the diseose,	(A) IMMEDIATE CAU DUE TO, OR AS	USE CON GESTURE OF:	Heart	Failu	re.	3yrs
	DISEASES OF	R CONDITIONS, if a above couse (A) CONDITION last.		(B)	A CONSEQUENCE OF:				
	TO THE DEATH DISEASE OR CO	CANT CONDITIONS CON BUT NOT RELATED TO THE NOTION GIVEN IN PART	IE TERMINAL	Can	cer of blace	lder			3 yrs
ATI		OREDATION 110P CONE	DITION FOR WHIC	CH OPERATION	20A. AUTOPSY? (Yes	IN CERTIF	YING CAU	NDINGS CO SES OF DEA	NSIDERED TH?
RTIFICATI	0	WAS PERF	ORMED		No				
L CERTIFICATI	21A. ACCIDENT OR CONTRIBUT	T WAS UNDERLYING CAUSE OF	21B. PLA	CE OF INJURY (e.g., i	n or obout 21C. WHERE DI	D (If i	in Boltimore	City, give ex	oct focation)

19 68 that (1) (we) last saw the deceased alive an and that in(my) (aur) opinion death accurred on the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Med. Director Attending Staff Phys. amu 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS DEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 4C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Jan9 68 burial 68 Baltimore Cemetery Baltimore
25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH ADDRESS VS 150-REV. 1/1/6B



68	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 0000
00.	CERTIFICA	TE OF DEATH	REG. NO.	h8 U6U3
BIRTH NO.	GERTH 167			
1, NAME OF DECEASED (Type or Print)		2. DATE AN	ID HOUR OF DEATH	
GENOV	VA JOHNSON		1-6-68	4.10 Am.
3. PLACE IN BALTIMORE, MARYLAND, WH	HERE PRONOUNCED DEAD	A. STATE B. COUN		stitution: residence before odmission)
FULL NAME OF HOSPITAL OR ADDRESS OR LOCAL INSTITUTION	L OR INSTITUTION, GIVE STREET TION)	C. CITY ON TOWN NORFOLK	IRGINIA D. INS	IDE CITY LIMITS? YES NO P
33 THE JOHNS HOPKI	NS HOSPITAL	E. STREET AND NUMBER	6/140	
5. SEX 6. RACE	7 7 10 10	B. DATE OF BIRTH	9. AGE (In years	PALEM ROAD If Under 1 Yr., If Under 24 Hrs.
	MARRIEN NEVER MARRIED		lost birthdoy)	Months Doys Hours Min.
	WIDOWED DIVORCED			
tOA, USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRI		ign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	_	VIRGINIA		U.J.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	MF	
BOLLING, GROVER		CORA N	NEAL	
15. Was Deceased Ever in U. S. Armed Forc (Yes, no or unknown! (If yes, give wor or doles	os? 16. SOCIAL	DAVID WAYNE	- LANKITAN	ADDRESS
A CO	of service) SECURITY NO.	4319 PALEM'S	Pr NARZA	IK UA.
100	CAUSE OF DEAT		0,100,0	APPROXIMATE INTERVAL
18.733,01		"		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE	ECTLY		τ	1,
LEADING TO DEATH	(A) IMMEDIATE CA	A CONSEQUENCE OF:	COT GU	ary one eyears
(This daes not meon the made of heart failure, osthenia, etc. It means	dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
injury ar complication which caused				
ANTECEDENT CAUSES				
	(B)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if a rise to the above cause (A)		A CONSEQUENCE OF		
UNDERLYING CONDITION Iosi.	(C)			
125.0 11				
O OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING			1-12-2
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART				
	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. COND	ORMED	210	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	Itf in Baltimor	re City, give exact locotion)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	office bldg., INJURY OCCUR?	(if the position)	a carry give exact ideotion;
U	etc.)			
21D. TIME (Month) (Doy) (Year)	(Hour 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY	White At Not Whi	te 🗍		
	Work At Work		1.0	
22. I certify that (I) (this haspital)	attended the deceased fram	Jun 3	19 68 to Ju	n 6 19 6.
that (I) (we) last saw the deceased	d alive an Jun 5	19 65 and th	at In my) (aur) api	nian death accurred an the date
and haur and from the causes state				
23A. SIGNATURE	ed dbave. (i) (iie) (did) (did lidi)	view the budy differ death.		23 B. DATE SIGNED
254. 3161141 016	0.0	ending	Shortf	O
Yacque	elene where GEGREE Phi	ending Med. pirector	Shaff Phys.	Jun 5 1968
23C. PHYSICIAN'S NAME (Type) Jacqu	eline Jones	Johns 1	topkins	Hospital
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (C	ity, town, or county) (Stote)
REMOVAL (Specifyt	AMERICAN LEGIC		- TERUE CO	P MIDGINIA
100KIAL/14 1/9/68				P, VIRGINIA
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	OLCRICH FOR	WERAL HOM	BALTO, MD.
			-	

Careinama of every overse

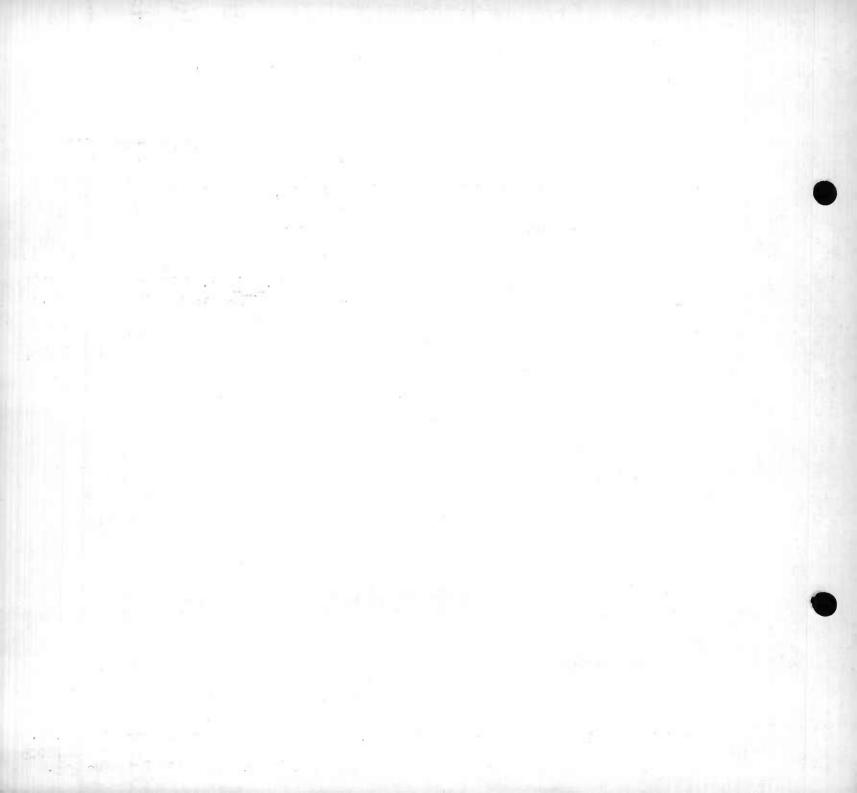
Z 2 8 8 0 Z 7 ~ Z

Josequeline Jones Johns Hopkins Horis

VS 150-REV. 1/1/68

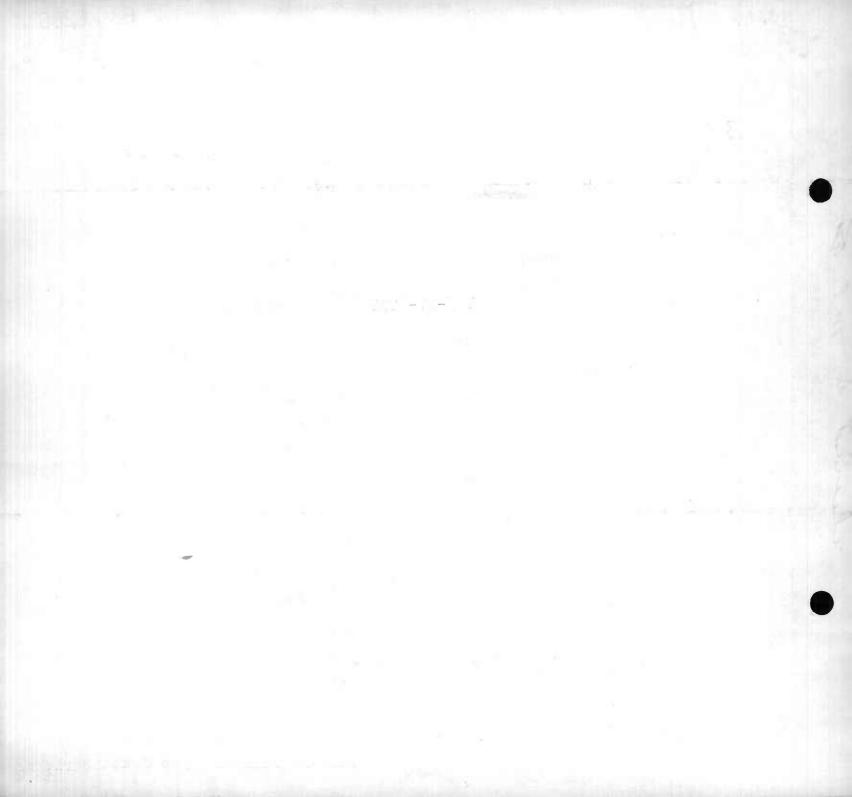
and

CO OOO A BALTIMORE CIT	TY HEALTH DEPARTMENT
68 0204 CERTIFICA	ATE OF DEATH REG. NO. UC UCU4
NAME OF DECEASED	2, DATE AND HOUR OF DEATH
Type or Print JACOBS, - LINNIE	E, January 6, 1968
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admis
	A, STATE B, COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Lutheran hospital	
	E. STREET AND NUMBER 4101 Hyden Court 21225
46 Baltimore al RIG	SCXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 19. AGE (In years If Under 1 Yr. If Under 24
Female White WIDOWED DIVORCED	August 18, 1869 100 98
(0A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Retired Housewife -	Maryland U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Anders	Elizabeth Unknown
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or dates of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Lula P. Sellers ADDRESS 2122
No.	ACCOUNTY TAXIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
18. CAUSE OF DEA	
	BETWEEN ONSET AND D
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	p
(A)IMMEDIATE CA	
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or complication which caused death.)	
ANTECEDENT CAUSES ATT	exinceleration head disease
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	eriosclerotic Leat Discase
rise la lhe obave cause (A) stating the	
UNDERLYING CONDITION lost, (C)	
420.0 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home form foctory street	office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location)
DEATH (notify medical examines) - etc.)	
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Not Wi	hile
(APPROX.) Work At Wor	
22. I certify that (this haspital) attended the deceased fram	1 -5- 1969 to 1 - 6 - 196
that HT (we) last saw the deceased alive an	19 6.8 and that in(my) (aur) apinion death accurred on the
and haur and fram the causes stated above. (We) (did) (did not)	
COA CICNIATURE	23B. DATE SIGNED
111200	Attending Med. Staff
DEGREE	hys. Director Phys. L
23C. PHYSICIAN'S NAME (Type) OTDTN A DETAT	23D. ADDRESS
PILTIN. W. DE 24t'	of Lutheran hospital. 212
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	
REMOVAL (Specify)	Chargenetorm Frederick Co Md
Burial 1/9/68 Creagerstown C	Cem. Creagerstown, Frederick Co.Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC, FUNERAL DIRECTOR ADDRESS 212
JANS 1968 P. C. Fallerma	M Cully Funual Home 237 Patapsco Ave.



				BALTIMORE CITY H					68	0205
BIRTH NO. 67	23012	MEDICA	AL EX	XAMINER'S	CERTIF	ICATE C	F DEAT	H REG. NO.		
1. NAME OF DEC	CEASED	UISE M. B	LOCKI	NGER	2. DATE OF DEATH	Known D	Month	Day	Year	Hour M.
4. PLACE IN BA	LTIMORE, MA	ARYLAND, WHERE	PRONC	DUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	OT IN HOSPITAL OR ESS OR LOCATION)	INSTITUTI	ON, GIVE STREET		RESIDENCE (W		ry 4, 1		7:25 A. M. before edmission)
002	2219 Si	dney Avent	ue		A. STATE	Maryland		B. COUNTY	25	- 55
6. SEX	7. RACE		ARRIED	NEVER MARRIED	C. CITY	OR TOWN		D. INSIDE C		
Female 9. DATE OF BIRT	Whi	VVIL	OWED		F STREET	Baltimo:		Y	ES X	NO 🗆
Nov. 20,		lost birthday)/2	mont	nder 1 Yr. If Under 24 Hrs ths: Doys : Hours : Min 118	E. SIKEE	2219 Sie	dney Ave	nue		
11. BIRTHPLACE	1	ii .		ITIZEN OF	13. FATH	R'S NAME				
		aryland		VHAT COUNTRY?	Lou	is M. Blo	ckinger			
14A.USUAL OCCU	UPATION (GIV	re kind of work 14B. K ven if retired)	IND OF	BUSINESS OR INDUST	RY 15. MOTI	HER'S MAIDEN	NAME			
None						h Aberts				
(Yes, no or unknown	SED EVER IN	U.S. ARMED FOR wor or dotes of ser	CES?	17. SOCIAL SECURITY NO.	18. INFO		772 1 4		DDRESS	21230
No	5 24 5 7			None CAUSE OF DE		Louis M.	prockru	ger 221		PPROXIMATE INTERVAL
DISEASES RISE TO TH UNDERLY! OTHER SIGN OF THE DE DISEASE OF THE DESTRUCTION OF THE DESTR	NTECEDENT OR CONDITI HE ABOVE CA NG CONDIT NIFICANT CO EATH BUT NO R CONDITION	IONS, IF ANY, GIVI LUSE (A) STATING IION LAST. II NDITIONS CONTR T RELATED TO THE T I GIVEN IN PART 1	IBUTING ERMINAL (A).	(c)		SEQUENCE OF:			21. AUTC	DPSY? (Yes or No)
0 0										Yes
22A. EXTER UNDERLYING UTING □ CA		ITRIB-	22B. I home	PLACE OF INJURY (e.g., form, foctory, street, off	., in or obou ice bldg., etc.	22C. WHERE D	ID (If in BoltImo	re City, give ex	oct locotion)	
22D. TIME OF INJURY (APPROX.)			· V		T WHILE WORK	22F. HOW DID	INJURY OCC	UR?		
	L TURE NER'S Ch (Type) EMATION, cify)	arles S. 24B. DATE 1/8/68	Sprir		D. AS AS Y or CREMA	CHIEF MEDICA SISTANT MEDICA SOCIATE MEDICA	AL EXAMINER AL EXAMINER AL EXAMINER 4D. LOCATION Baltime	Jan (City, tow		DATE SIGNED ., 1968
VS 151-REV, 1/1/8	IAN 9	1968 P.		See State State	7	"Cally	F.H.			Ave. 21225

The second second the second of the second of the second of



68 0207 BALTIMORE GRYPHEATTH DEPARTMENT TE AMENDED 320-68
MEDICAL EXAMINER'S CERTIFICATE OF DEATH BECAUSE

BIR	RTH NO.								- 0	NO		
1.	NAME OF DEC	EASED				2. DATE	Known 🖾	Month	Doy	Yeo	Hour	
(1)	pe or Print)	AURICE	Α.		NOLKE	OF	Estimoted 🗆	January	7 6,	1968	6:30	P. M.
4.	PLACE IN BAL	TIMORE, MAI	RYLAND, W	HERE PRO	ONOUNCED DEAD	3. DATE		Month	Doy	Ye	r Hour	
HO	L NAME OF SPITAL INSTITUTION	(IF NOT	IN HOSPITA	L OR INSTI	TUTION, GIVE STREET		OUNCED DEAD RESIDENCE (When	January			6:30	Μ.
1	40 ST.	AGNES H	HOSPITA	L		A. STATE	MARYLAND	, В.	COUN	TY	d Coun	
6.	SEX	7. RACE		B. MARRII	ED NEVER MARRIED	C. CITY	OR TOWN	D	INSID	E CITY LIMIT	S?	-J
	Male	White	1-1-1-1-1	WIDOWI		,	LKRIDGE			YES 🗌	NO X	
	2-4-190		lost birthdoy		If Under 1 Yr. If Under 24 Months Doys Hours	Min	TAND NUMBER D Bonnie Vi	ew Lane				
	BIRTHPLACE (S		country)	1	2. CITIZEN OF	13. FATH	ER'S NAME					
	Howard	County	Mary	land	WHAT COUNTRY?		- 1					
144					U.S.A. OF BUSINESS OR INDI	ISTRY IS MOT	John H.	Nolker_				
	e during most of w			40. KIIND	OF BUSINESS OR INDI	JSIKI IS. MOI	HER 3 MAIDEIN INA	ME				
Li	quor Sto	ore Own	er				Katherin	e A. Nor	ris			
16.	WAS DECEASI s, no or unknown)	ED EVER IN L	J.S. ARMED	FORCES?	17. SOCIAL SECURITY NO	18. INFO	RMANT			ADDRESS		21227
	Yes		WII	,	218-03-20	34 Mrs.	Macie F.	Nolker,	181	0 Bonn	ie View	Lane
	19 2/1 ()	9 -	PO	150	CAUSE OF	DEATH					APPROXIMATE	
	DISEASI		TION DIPEO	TIV	A. Myze	cardial	Infarction				ELASEIA OMPEL	AND DEATH
		E OR CONDI LEADING TO		.ILY			Intarction					
	(This does no	ot meon the	mode of dyi	ng, e.g.,		OR AS A CONS	FOLIENCE OF:					
	heort follure,	, osthenio, etc. aplication whic	it meons the	diseose, th.)								
				•								
					Arı	eriosci	erotic Card	liovascu.	lar	Diseas	e	
		NTECEDENT (liovascu.	Lar	Diseas	e	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	DISEASES	OR CONDITIO	NS. IF ANY.	GIVING			SEQUENCE OF:	llovascu.	Lar	Diseas	e 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Z	DISEASES O		NS, IF ANY,	GIVING ING THE				ilovascu.	ıar	Diseas	e 	
NOI	DISEASES OF THE UNDERLYIN	R CONDITION ABOVE CAU	ONS, IF ANY, ISE (A) STATI ON LAST.	GIVING ING THE	(B)DUE TO			liovascu	lar	Diseas	e	
FICATION	DISEASES OF RISE TO THE UNDERLYING OTHER SIGN TO THE DEA	OR CONDITION ABOVE CAU AG CONDITION FICANT CON ATH BUT NOT	ONS, IF ANY, ISE (A) STATION LAST. II DITIONS CORELATED TO	NTRIBUTI	(B) DUE TO		SEQUENCE OF:		Lar	Diseas	e	
RTIFICATION	DISEASES OF RISE TO THE UNDERLYIN OTHER SIGN TO THE DEAD DISEASE OR	DR CONDITION ABOVE CAU G CONDITION FICANT CON ATH BUT NOT CONDITION	DNS, IF ANY, ISE (A) STATION LAST. II DITIONS CORELATED TO GIVEN IN PA	NTRIBUTI	(B) DUE TO	or as a con	SEQUENCE OF:		Lar		e JTOPSY? (Ye	s or No)
CERTIFICATION	DISEASES OF RISE TO THE UNDERLYIN OTHER SIGN TO THE DEAD DISEASE OR	DR CONDITION ABOVE CAU G CONDITION FICANT CON ATH BUT NOT CONDITION	DNS, IF ANY, ISE (A) STATION LAST. II DITIONS CORELATED TO GIVEN IN PA	NTRIBUTI	(B) DUE TO (C)	or as a con	SEQUENCE OF:		Lar		JTOPSY? (Yes	
AL CERTIFICATION	DISEASES OF RISE TO THE UNDERLYIN OTHER SIGN TO THE DEAD DISEASE OR 20A. DATE OF	OR CONDITION ABOVE CAL AG CONDITION ATH BUT NOT CONDITION OPERATION	ONS, IF ANY, ISE (A) STATI ON LAST. II DITIONS CC RELATED TO GIVEN IN PA	NTRIBUTI THE TERMIN RT I (A).	(C)	or as a con	sequence of:			21. AU	JTOPSY? (^{Ye}	
CAL	DISEASES OF RISE TO THE UNDERLYIN OTHER SIGN TO THE DEAD DISEASE OR 20A. DATE OF	OR CONDITION ABOVE CAL AG CONDITION ATH BUT NOT CONDITION OPERATION NAL CAUSE N	ONS, IF ANY, ISE (A) STATION LAST. II DITIONS CORELATED TO GIVEN IN PA	ONTRIBUTI THE TERMIN RT I (A).	(B) DUE TO (C) Mult: OR WHICH OPERATIO	OR AS A CON Lple Injo N WAS PERFO	SEQUENCE OF: 171es RMED	(If in Boltimore C	City, giv	21. Al	JTOPSY? (^{Ye}	
EDICAL	DISEASES OF RISE TO THE UNDERLYING TO THE DEADISEASE OR 20A. DATE OF 22A EXTERI UNDERLYING UTING CA	DR CONDITION ABOVE CAL AGE CONDITION ATH BUT NOT CONDITION OPERATION NAL CAUSE V LOOK CONT USE OF DEA	DNS, IF ANY, ISE (A) STATI ON LAST. II DITIONS CO GIVEN IN PA I 208. CON NAS RIB- IH.	ONTRIBUTION F	(B) DUE TO (C)	Lple Injo	SEQUENCE OF: 1 ries RMED 1 22C. WHERE DID 1 NJURY OCCUR? Wilkens &	(If in Boltimore C	City, giv	21. Al	JTOPSY? (^{Ye}	
CAL	DISEASES OF RISE TO THE UNDERLYING TO THE DEADISEASE OR 20A. DATE OF UNDERLYING UTING CA 22D. TIME (OF INJURY)	DR CONDITION ABOVE CAL AG CONDITION ATH BUT NOT CONDITION OPERATION NAL CAUSE V CONDITION USE OF DEA' (Month) (D	DNS, IF ANY, ISE (A) STATI ON LAST. II DITIONS CO RELATED TO GIVEN IN PA I 20B. CON NAS RIB. IH. OV) (Yeor)	ONTRIBUTION F	(B) DUE TO (C) Mult: OR WHICH OPERATIO 2B. PLACE OF INJURY OCCUR Street 1 22E.INJURY OCCUR	OR AS A CON Lple Inju N WAS PERFO (e.g., in or obout, office bldg., etc.	Tries 22C. WHERE DID NIVERY OCCUR? Wilkens A	(If in Boltimore C LVC. & Ha	City, giv	21. At	JTOPSY? (^{Ye}	
EDICAL	DISEASES OF RISE TO THE UNDERLYING TO THE DEADISEASE OR 20A. DATE OF UNDERLYING UTING CA 22D. TIME OF INITIAL PROPERTY OF INIT	DR CONDITION ABOVE CAL AG CONDITION ATH BUT NOT CONDITION OPERATION NAL CAUSE V CONDITION USE OF DEA' (Month) (D	DNS, IF ANY, ISE (A) STATI ON LAST. II DITIONS CO GIVEN IN PA I 208. CON NAS RIB- IH.	ONTRIBUTION F	(B) DUE TO (C)	OR AS A CON Lple Inju N WAS PERFO (e.g., in or obout, office bldg., etc.	Tries 22C. WHERE DID NIVERY OCCUR? Wilkens A	(If in Boltimore C	City, giv	21. At	JTOPSY? (Yes	
EDICAL	DISEASES OR RISE TO THE UNDERLYING TO THE DEADISEASE OR 20A. DATE OF UNDERLYING UTING CAPPROX.)	DR CONDITION ABOVE CAL AG CONDITION ATH BUT NOT CONDITION OPERATION NAL CAUSE V CONDITION USE OF DEA' (Month) (D	DNS, IF ANY, ISE (A) STATION LAST. II DITIONS CO. RELATED TO	ONTRIBUTION F	(B) DUE TO (C)	OR AS A CON Lple Inju N WAS PERFO (e.g., in or obou, office bldg., etc. RED NOT WHILE K	rmed 22C. WHERE DID NUTRY OCCUR? Wilkens A 22F. HOWDID IN Subj. st	(If in Boltimore C LVE. & Ha JURY OCCUR?	ity, giv	21. AU e exoct locotic hill (dri	JTOPSY? (Ye: Ye	
EDICAL	DISEASES CRISE TO THE UNDERLYIN OTHER SIGN TO THE DEADISEASE OR 20A. DATE OF UNDERLYING LATER OF INJURY (APPROX.)	DR CONDITION FOR CONDITION IFICANT CON ITH BUT NOT CONDITION FOR CONT OPERATION NAL CAUSE FOR CONT USE OF DEA' (Month) (D 12 2 Ify that I he	DNS, IF ANY, ISE (A) STATION LAST. II DITIONS CO. RELATED TO GIVEN IN PA II 208. CON WAS RIB. IH. 2.8 67	ontribution for the terminal of the terminal o	(B) DUE TO (C)	OR AS A CON Lple Inju N WAS PERFO (e.g., in or obou, office bldg, etc. RED NOT WHILE AT WORK	ITIES RMED 1 22C. WHERE DID INJURY OCCUR? Wilkens A 22F. HOWDID IN Subj. st	(If in Boltimore C Ve. & Ha IJURY OCCUR? Truck br:	City, giv aver Ldge	21. All e exoct locotic hill (dri	JTOPSY? (Ye: Ye	
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EDICAL	DISEASES CRISE TO THE UNDERLYING TO THE DEADISEASE OR 20A. DATE OF UNDERLYING UTING COF INJURY (APPROX.) 23.	DR CONDITION FOR CONDITION IFICANT CON ITH BUT NOT CONDITION FOR CONT OPERATION NAL CAUSE FOR CONT USE OF DEA' (Month) (D 12 2 Ify that I he	DNS, IF ANY, ISE (A) STATION LAST. II DITIONS CO. RELATED TO	ontribution for the terminal of the terminal o	(B) DUE TO (C)	Iple Inju N WAS PERFO (e.g., in or obou, office bldg., etc. RED NOT WHILE AT WORK Autopsy X uicide	ITIES ITIES RMED 1 22C. WHERE DID INJURY OCCUR? WILKENS A 22F. HOWDID IN Subj. st ond that on the	(If in Boltimore C Ve. & Ha IJURY OCCUR? Truck br: this basis, de Undetermine EXAMINER	idge	21. All e exoct locotic hill (dri	JTOPSY? (Ye: Ye	s
EDICAL	DISEASES CRISE TO THE UNDERLYIN OTHER SIGN TO THE DEADISEASE OR 20A. DATE OF UNDERLYING LATER OF INJURY (APPROX.)	PR CONDITION IFICANT CONDITION IFICANT CONDITION IFICANT CONDITION IF OPERATION NAL CAUSE OF DEAM (Month) (D. 12 2 Ify that I he red from: No	DNS, IF ANY, ISE (A) STATION LAST. II DITIONS CO. RELATED TO	ontribution for the terminal of the terminal o	OR WHICH OPERATIO 2B. PLACE OF INJURY come, form, foctory, street Street WHILE AT Inspection Accident S	Lple Inje N WAS PERFO (e.g., in or obou, office bldg., etc. RED NOT WHILE X Autopsy X uicide A.	ITIES ITIES RMED 22C. WHERE DID NIURY OCCUR? Wilkens A 22F. HOW DID IN Subj. st	(If in Boltimore C Ve. & Ha IJURY OCCUR? Truck br: this basis, de Undetermine EXAMINER	idge	21. All e exoct locotic hill (dri	JTOPSY? (Ye: Ye yn) ver)	s
EDICAL	DISEASES CRISE TO THE UNDERLYING TO THE DEADISEASE OR 20A. DATE OF UNDERLYING UTING CAPPROX.) 23.	PRECONDITION IFICANT CONNITH BUT NOT CONDITION FOPERATION NAL CAUSE TO PERATION NAL CAUSE OF DEA' (Month) (D 12 2 ify that I he and from: No	DNS, IF ANY, ISE (A) STATION LAST. II DITIONS CC RELATED TO	ONTRIBUTION F (Houd 1 1 1 1 1 1 1 1 1	(B) DUE TO (C)	Lple Inje N WAS PERFO (e.g., in or obou, office bldg., etc. RED NOT WHILE X Autopsy X uicide A.	ITIES ITIES RMED 1 22C. WHERE DID INJURY OCCUR? WILKENS A 22F. HOWDID IN Subj. st ond that on the	(If in Boltimore C LVE. & Ha IJURY OCCUR? Truck br: this basis, de Undetermine EXAMINER	idge	21. All e exoct locotic hill (dri	JTOPSY? (Ye: Ye yn) ver)	s
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Letter from M.E.'s office 2-20-68 M.H.

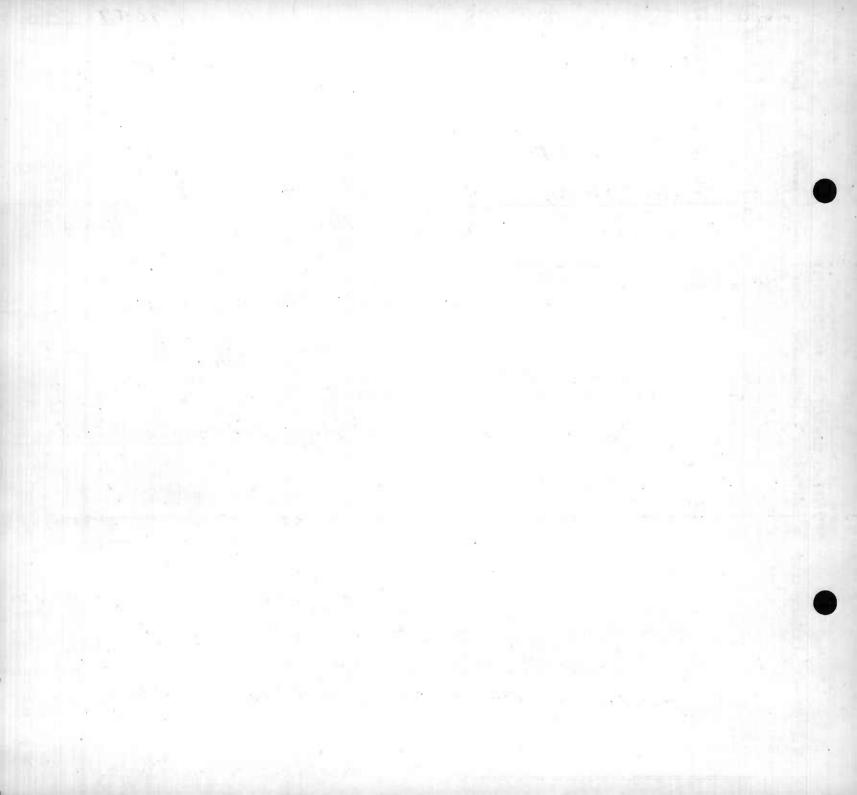
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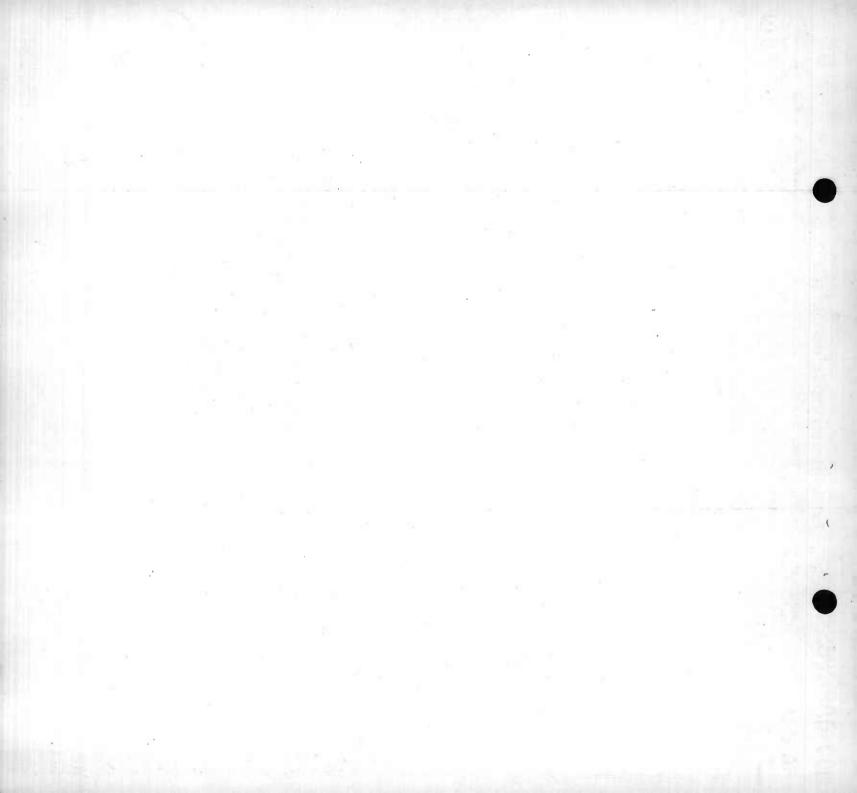
200		HEALTH DEPARTMENT		1	0000
68 020	S CERTIFICA	TE OF DEATH	REG. NO.	1050	UZUS
BIRTH NO. 1. NAME OF DECEASED			AND HOUR OF DEATH		
(Type or Print)		1/10	1106140	7 Mml	
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUS	CED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If ins	stitution: residence b	M. pefore odmission)
of the state of th	010 01.10	A. STATE B. COI		17 -	1
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)	ION. GIVE STREET	1110., 130	2/10.	3 C	
ILINSTITUTION , ,	a MITOME	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?	
Bolton Hill Nsg. 40	onvalescent	Balto., Md.		YES LA N	<u>о П</u>
1400 John St.		240/ Eutawi	Place 212	17	
S. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months: Doys H	If Under 24 Hrs.
Fenal- Caucesian WIDOWED	DIVORCED	6/13/85	83	ividinis boys	1
10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF	SUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fe	oreign country)	12. CITIZEN OF W	HAT COUNTRY?
done during most of working lile, even if retired) Ret. Ho	Known	Md. Bal	Ltimore	11.6	1
13. FATHER'S NAME	Known	14. MOTHER'S MAIDEN N		4.5	17
		- MOINER'S MAINEN N	WIME		
Thomas House			Elizabeth A	A. Merr	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRES	S
No	231-21-5626	Pris Admi	sciola Rena	ام ما	
18. 4.	CAUSE OF DEATH	1/01/11	STON LICES	APPROXI	MATE INTERVAL
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ANTECEDENT CAUSES	1.		1 -0		
	(B)OR AS	A CONSTOLIENCE OF	Uncline.	7/4	Wh. J.
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.332 X II					
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
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OR CONTRIBUTING CAUSE OF home, etc.)	farm, foctory, street, of	fice bldg., INJURY OCCUR?			
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OF INJURY		21F. HOW DID I	NJURY OCCUR?		
(A PPROX.) While	Not While			,	
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that (I) (we) last saw the deceased alive an	1//	1968 and	that in (my) (aur) apir	ian death accur	
				acom accom	dii ine dale
and haur and from the causes stated above. (1)	(πe) (did) (did /πετ) ν	iew the bady after deat	h.	23 B. DATE SIGNED	
all Marke	Dhu	nding Med.	Staff Phys.	238. DATE SIGNED	10
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	. 114 5.	10/	00
NAME (Type)	in no	2 5 000	10 57 6	284 MA	2 -/
HLLAN H. MITTE	DEGREE	トた.ハピタ	1 31	- Co - Car	11202
24A. BURIAL CREMATION, 24B. DATE 24C. NA/	ME of CEMETERY of CRE	MATORY 24D.	LOCATION (Cit	ly, lown, or county)	(Stote)
Burial 1-9-1968 Bal	timore Cemet	ery Ba	utimore Cit	y wid.	
LICEL L.	REGISTRAR	25Cy FUNERAL DIRECT		ADDI	DECC.

25 Cy FUNERAL DIRECTOR

7401 Belair

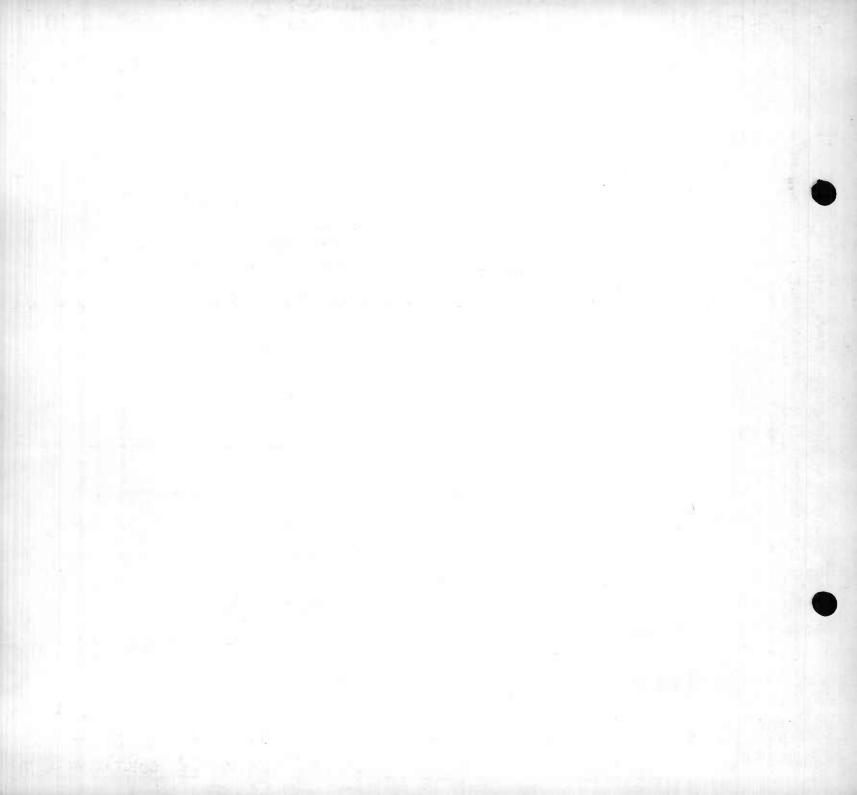


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Birial 1-9-1068 Zion Cemetery 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS 3 4 Lassahn Funual Home TVO Bulain Rose	2	AA. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)		EMATORY 24D. L	OCATION (Cir	y, town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS & DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS & DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS & DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS & DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS & DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS & DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS & DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS & DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS & DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS & DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS & DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS & DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS & DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS & DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS & DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS & DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS & DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS & DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS & DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS & DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS & DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS & DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS & DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS & DATE REC'D BY HEALTH DEPT. 2SB. DATE REC'D BY HEALTH DEPT. 2SB. DATE REC'			Lion Cemetery	D D	altimore C	o. Md.
VS 150-REV. 1/1/68 AND 1968 Part & toward dasokn Junity Honor of Bilanton	2	5A. DATE REC'D BY HEALTH DEPT. [25B. NA/	ME OF REGISTRAR	P O	N 01,	ADDRESS & 4
	L	5 150-REV. 1/1/68 AND 1968 P. C	TE TONKING	dassakn	Junual Se	me 170 / Belandor

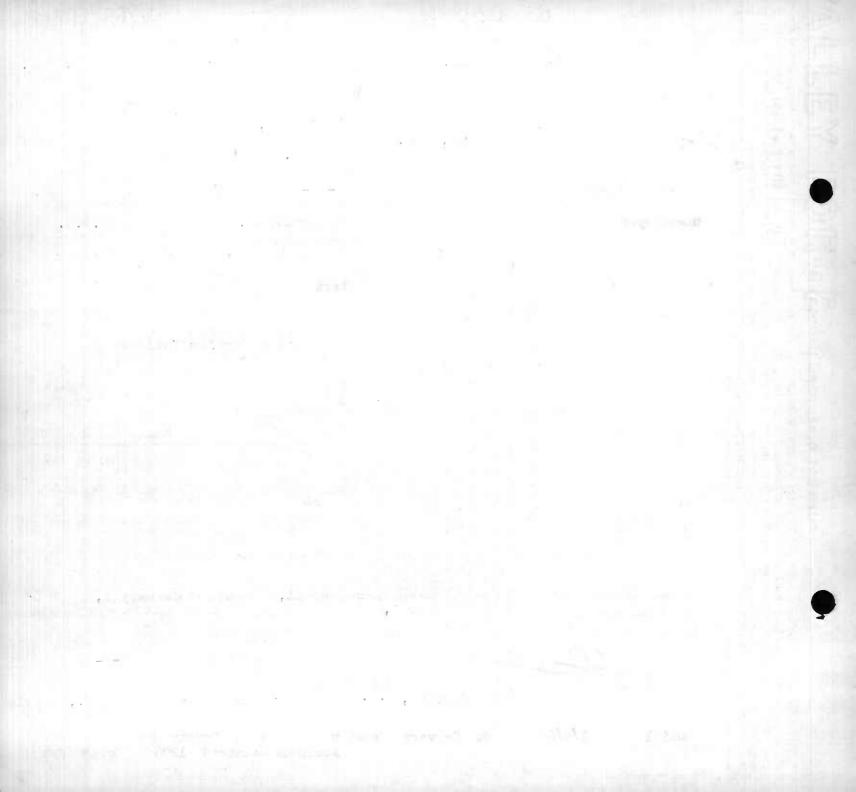


FUNERAL DIRECTOR: IMPORTANT

М		BALTIMORE CITY	HEALTH DEPARTMENT		00 0015
	68 0	210 CERTIFICA	TE OF DEATH	REG. NO	68 0210
- 10	BIRTH NO.	CERTIFICA			0.0220
	(Type or Print) MR. BAN	KS WILLIAM	H - 2. DATE AN	1968	12.45 A.M.M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	RONOUNCED DEAD	4. USUAL RESIDENCE (When		stitutian: rosidence befare odmissian)
1	FULL NAME OF HOSPITAL OR I ADDRESS OR LOCATION) VTHERAN	NSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN BALTING RE		DE CITY LIMITS? YES NO NO
ti	HOSPITAL		E STREET AND NILLABER	1.70	
	OF MARYLAND		MCKEAN	AVE. 1/2	-4.
f		RRIED NEVER MARRIED		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 His.
	MALE NEGRO WIDO	OWED DIVORCED	8/12/1994	73 YRS -	Manths Doys Hours Min.
7	10A. USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT COUNTRY?
i	RETIRED	4-	BALLIMONE,		U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	Joseph BANKS		Addie In	INLKER	
	IS. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	477.47.270	ADDRESS
	(Yes, no ar unknown) (If yes, give wor or dotes of ser		MRS. EVA C.	Route 1	124 McKERN AUE
	No	215-07-3270		IDANIES /	APPROXIMATE INTERVAL
	18.	CAUSE OF DEATI			BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		11 1 5	. /	
	(This does not mean the mode of dying,	(A) IMMEDIATE CAU	se Heart fa	1. lux	
	heoit failuie, asthenia, etc. It means the dis	sease, DUE TO, OR AS	A CONSEQUENCE OF:		
	injury or complication which caused death.)				
	ANTECEDENT CAUSES	(B) HYPER	TENSION & AS	CYD	Program
	DISEASES OR CONDITIONS, if ony,		A CONSEQUENCE OF:		
	rise, to the above cause (A) stoling UNDERLYING CONDITION tast.	the CVA			
		(0)			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (a).				
	DISEASE OR CONDITION GIVEN IN PART I (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES. WERE I	FINDINGS CONSIDERED
	WAS PERFORMED		~ N 6	IN CERTIFYING CA	USES OF DEATH?
	198. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,		(If in Baltimor	e City, give exact lacation)
	OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(ii iii ballilila	c city, give exact lacularly
	DEATH (notify medical examiner)	etc.)	-		
	OF INJURY (Month) (Doy) (Year) (Hour)		21F. HOW DID INJ	URY OCCUR?	
	(APPROX.)	While At Work Not While At Work	e 🔁		
	22. I certify that (I) (this haspital) atten			1967 to Ja	mary 6 th 1968.
			0.1		d
	that (1) (we) last saw the deceased alive	on January 5	19.08 and th	at in (my) (aur) api	nian death accurred on the date
	and haur and from the couses stated abo	ve. (1) (We) (did) (did_nat) v	iew the bady after death.		
	23A. SIGNATURE				23B. DATE SIGNED
	157 x 5 M.	Dh.	nding Med.	Staff Phys.	1/6/1968
H	23C. PHYSICIAN'S	UE GREET	23 D. ADDRESS		
	NAME (Type) DR P.P.JOS	HI.	730, ASHBURT	TON ST. BI	OLTIMORE U-5-4
	24A BUBIAL CREMATION DATE :	DEGREE	, , , , , , , , , , , , , , , , , , , ,		ty, town, ai caunty) (State)
	24A. BURIAL CREMATION, 24B. DATE 2	40. NAME OF CEMETERY OF CRI	0		iy, iown, di county) (Stote)
	11616		11		
	BURIAL 1/9/68	MOUNT HUBURN	CEM DA	MIMORE	MARYLAND
		MUUNI HUBURN AME OF REGISTRAR	25C. FUNERAL DIRECTOR	No TER	ADDRESS 3035 W. North Ave



VS 150-REV. 1/1/68



68 0212 BALTIMORE CITY HEALTH DEPARTMENT

MEDI	CAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68	212
BIRTH NO.		REG. NO.	
1. NAME OF DECEASED		2. DATE Known Month Doy Yeor Hour	
WILLIAM	BRIM	DEATH Estimoted January 5, 1968 2:	35 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WH		3. DATE Month Doy Yeor Hour	0.5. D
FULL NAME OF (IF NOT IN HOSPITAL ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET ON)	PRONOUNCED DEAD January 5, 1968 2:	M
Provident Hospital		A. STATE Maryland B. COUNTY	21111551011]
6. SEX 7. RACE 8	MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
Male Negro	WIDOWED DIVORCED	Baltimore YES NO [
9. DATE OF BIRTH 10.AGE (In y lost birthdoy)		E. STREET AND NUMBER 1316 Eutaw Place	parties.
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF	13. FATHER'S NAME	-
Virginia	WHAT SOUNTRY?	Walter Brim	
14A.USUAL OCCUPATION (Give kind of work) 14 done during most of working life, even if retired)	8. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
done during most of working life, even if refired)		Pearl Brown	
16. WAS DECEASED EVER IN U.S. ARMED F	ORCES? 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS	
(Yes, no or unknown) (If yes, give wor or dates of	service) SECURITY NO.	Mrs Pearl Brown 1316 Eutaw Place	
19. // 0-/ V	CAUSE OF DEA		TE INTERVAL
451	I show De	BETWEEN ONS	ET AND DEATH
DISEASE OR CONDITION DIRECT	Lobar Pr	leumonia	
(This does not mean the made of dying	(A)IMMEDIATE C	AUSE AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the d injury or complication which coused death	iseose,	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES	(8)	• • • • • • • • • • • • • • • • • • •	
DISEASES OR CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATIN	GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
I UNDERLYING CONDITION LAST	(c)		
P 490 8 11			
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 20A. DATE OF OPERATION 20B. COND	IE TERMINAL	Metomorphosis of Liver	
20A. DATE OF OPERATION 208. COND	` '	AS PERFORMED 21. AUTOPSY? (1	(es or No)
اقام		Yes	
Z2A. EXTERNAL CAUSE WAS	228. PLACE OF INJURY(e.g.,	in or about 22C. WHERE DID (If In Baltimore City, give exact location)	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	home, form, foctory, street, office		
OF INJURY (Month) (Doy) (Year)	(Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.)	m. WHILE AT NOT NOT AT W	WHILE ORK	
23. I certify that I held on ling	uiry Inspection Au	topsy ond that on this basis, deoth in my opinion	
resulted from: Natural cause	Suicident Suicid		
ACTUAL ////	1-7-	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	SIGNED
SIGNATURE WORDS	Sn Fra Mis		
EXAMINER'S Werner U	. Spitz, M.O.	ASSOCIATE MEDICAL EXAMINER 1-6-68	
24A. BURIAL CREMATION, 248. DATE	14C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county)	(Stote)
REMOVAL (Specify)	Martinville	Virginia	, ,
Burial 1/9/68			
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	Adolphus Halstead 1206 ADDRINGTH AT	rr
JAN 9 1968 R	Jeet E. Farkuna	Mar Table	

ALEI meonii Ivesi ent

USUAL RESIDENCE (Where deceased lived, If institution: residence STATE

B. COUNTY D. INSIDE CITY LIMITS? NO If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? SA H ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) 19 6 and that in (my) (aur) aplnian death accurred an the date 238, DATE SIGNED The Johns Hopkins Hospital (City, town, or county) Halstead 1206 W North AVe VS 150-REV. 1/1/68

Mysisodal Interdise

Lessen D Jack mo

DEC-	BALTIMORE CITY HEALTH DEPARTMENT 68 0214
27	CERTIFICATE OF DEATH
the sed	BIRTH NO. 1. NAME OF DECEASED 12. DATE AND HOUR OF DEATH
School	(Type or Pfint) REBECCA LEIGHTON:
F. 0 6.	3. PLACE IN BALTIMORE MARTLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
_ 0 0	A, STATE B, COUNTY
d d d	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
100	BALTIMORE YES XX NO
# # P	E CYDEET AND ANIMADED
E D D . D . D . D . D . D . D . D . D .	THE JOHNS HOPKINS HOSPITAL 1013 FORREST ST.
lar lar	5. SEX 6. RACE 7. MADDIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
tri mi gu Sec	FEMALE NEGROID WIDOWED DIVORCED 4-15-97 lost birthdoy) Months Doys Hours Min.
is a series	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
det	done during most of working life, even if retired) Bishorille South Carolina U S A
das de os it	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
\$ ± ₹ 4 ×	NTHONY LUCKY EMMA
4 5 d	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. SECURITY N
ed in	
# 4 P E E	Chart,
an de ce	BETWEEN ONSET AND DEATH
of con	LEADING TO DEATH
F	(This does not mean the mode of dying, each Due to, OR AS A CONSEQUENCE OF:
orc ba	heart failure, asthenia, etc. II means the disects injury or complication which caused death.)
E D DE	ANTECEDENT CAUSES & En Probable myrcandial martin
A Y o o	DISEASES OR CONDITIONS, if any, giving Due TO, OR AS A CONSEQUENCE OF:
3.3 E	underlying condition lost.
al cia sin	F 0 // 0 II 7 7 7 8
dic ysi	TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
ph ph	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
a r	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 19A AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
re y + B	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURT (e.g., in or obdut 21C. WHERE DID (If In Bultimore City, give exogl location)
12 S P P P P P P P P P P P P P P P P P P	or contributing Cause of home, form, foctory, street, office bldg., INJURT OCCUR?
P S S S	DEATH (notify medical examined) etc.) Home 1013 tones of SV, Vallimin
60 + to	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURT OCCUR? While At Not While At Square Causal on Leave from the Causal on Causa
	While At Work Prox.) While At Work Prox.
bt x x t d	22. I certify that (1) (this haspital) attended the deceased from Jan 5 1968 to 1968
1000.0	that (I) (we) last saw the deceased alive an 19 6 8 and that in (my) (aur) apinian death accurred on the date
0857	and how and from the gauses stated above. (1) (We) (did) (did nat) view the bady after death.
spi spi lea	23A. FIGNATURE 23B. DATE SIGNED
0	Attending Med. Staff Director Phys. Director Phys.
a a l	23C (HTS) CIANS PAME (Type) 23D ADDRESS
at a	The second of th
A P	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Sec. ()	
s L	Burial 1/9/68 Mt Calvary Cemetry A A County Md 25A. DATE REC'D ST HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
sho we	Adolphus Halstead 1206 W North Ave
	VS 150-REV. 1/4/68
	was released to the hospital by a medical examiner. Also, if the direct or contributing cause of de (b) A fracture of any kind; (4) Undetermined cause; (5) Decector at a hospital (except where the physician who pronounced death was in regular attendance on a prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Sapproval must be obtained before the remains are embalmed or final disposition is made.

YX:U Y SIN

VS 150-REV. 1/1/65

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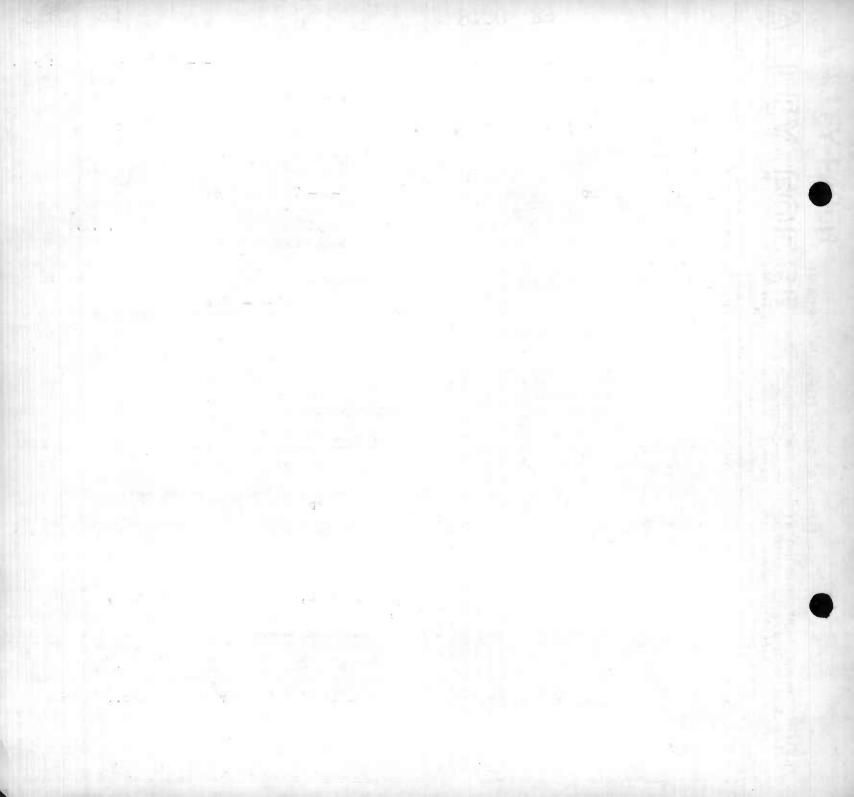
	CO 021C BALLIMORE CITY	HEALTH DEPARTMENT 68 0216
3	68 0216 CERTIFICA	TE OF DEATH REG. NO.
COMP.	BIRTH NO.	
	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
	Ahthur Dyers	1990.6, 1968 3.73 AM.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A, STATE B. COUNTY A, STATE
		1013 N. Wolfe St. Bulta City
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	
	INSTITUTION .	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Johns Hopkins Hospital	Balt. , Md YES D NO DY
	B D D: MI	E. STREET AND NUMBER
0	Baltimore, Mo	10/30. Molle se
ad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
E	MALE NEGRO WIDOWED DIVORCED	56 87 lost birthdoy) Months Doys Hours Min.
S		11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?
_	done during most of working life, even if retired)	11.61
ţ	Janitor	Many land USA
Si	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
disposition	Maria	5. 1
dis	LABACI JOEAL	unhnown
_	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Q
fina	ma .	4 stille Unniver 19197 houth
	TIB. CAUSE OF DEATH	1 APPROXIMATE UNITERVAL
0	0 / 1100	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Physiotherax I have
E	(A)IMMEDIATE CAU	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:		A CONSEQUENCE OF:
		ic lund disease nequining
		A CONSEQUENCE OF:
0	rise to the above cause (A) stating the	Lestomy + respirator 10 fears
ns n	UNDERLYING CONDITION last, (C)	
UNDERLYING CONDITION last, (C) SA7.2 I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
the	198. DATE OF OPERATION WAS PERFORMED	204 AUTOPSY? (Ye's of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	= 1/4/68 Hyoventilation	(Yes) " chill No
efore	OR CONTRIBUTING CAUSE OF LORGE CONTRIBUTING CAUSE OF LORGE CONTRIBUTING CAUSE OF LORGE CONTRIBUTING CAUSE OF LORGE CONTRIBUTION CAUSE CA	n or obout IC WHERE DID (If in Boltimore City, give exoct location)
e	DEATH (notify medical examiner) etc.)	ince orage, INJUNI OCCUR:
q F	0	OLE HOW DID INTURY OCCURS
ained	W OF INJURY	21F. HOW DID INJURY OCCUR?
. E	(APPROX.) While At Not While Work At Work	
bto	22. I certify that (1) (this haspital) attended the deceased fram	Dec- 30 106/10 Jah-6 1068.
that (1) (we) last saw the deceased alive an Sah. 19 68 and that in (my) (aur) aplniar and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death.		10 68
		iew the bady after death.
		23B, DATE SIGNED
_	John D. Draber, M. Dinger Phys	nding Med. Shoff Director Phys. Dan. 6, 1968
0	TO DEGREE	23D. ADDRESS
0	NAME (Tyge)	T 1 1 1 1 1 1 1 1 1
d	John D. Graber DEGREE	Johns Horkins Hospital
0	24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)
	REMOVAL (Specify)	10 (0m) (1.0 0 Time)
++6	25A, DATE REC'D BY HEALTH DEPT. 125B, NAME OF REGISTRAR	130 ELINERAL DIRECTOR
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR CONTROL OF ADDRESS
3	SHILL ISON CIPROTO STATES	Mullon a Thereen
	VE 160 DEV 1/1/60	

27 7/1/1 140/11 Washington Andrew Year do mile separation of any miles

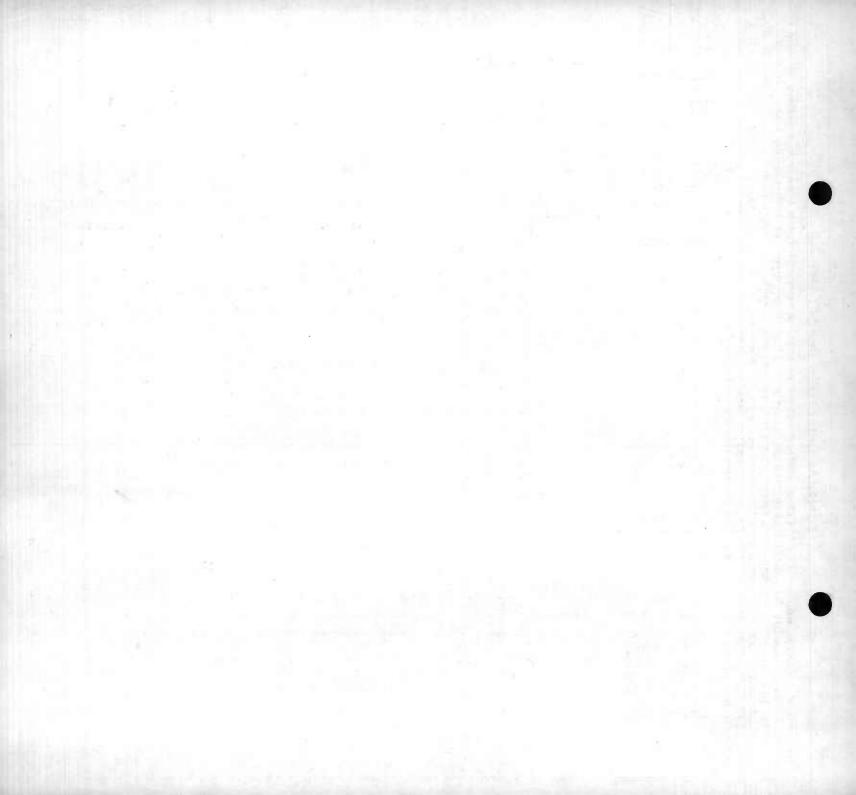
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) PROVIDENT HOSPITAL - DOA 6. SEX Male Colored WIDOWED DIVORCED P. DATE OF BIRTH D. LOAGE (In years lost birthday) DIVORCED DIVORCED DIVORCED S. STREET AND NUMBER Maryland DIVORCED S. STREET AND NUMBER DIV. Baltimore P. DATE OF BIRTH D. LOAGE (In years lost birthday) DIVORCED DIVOR	one -
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE PRONOUNCED DEAD 1 8 68	4:15 A ore odmission
DRINISTITUTION PROVIDENT HOSPITAL - DOA SEX 7. RACE Male Colored Widowed Divorced Divorced Divorced Divorced Divorced Baltimore Yes No No Distribution: residence before a state of the	ore odmission
S. USUAL RESIDENCE (Where deceased lived, if institution: residence before A. STATE Maryland S. OLONTY Baltimo S. OLONTY Baltimo C. CITY OR TOWN D. INSIDE CITY LIMITS? PARE DISEASE OR CONDITION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean, the mode of dying, e.g., heert follure, estherio, est. It means the disease, injury or complication which caused death.) DISEASE OR CONDITION (AST. C. OLOY OR TOWN Baltimo S. USUAL RESIDENCE (Where deceased lived, if institution: residence before A. STATE Maryland S. COUNTY Baltimo C. CITY OR TOWN Baltimo D. INSIDE CITY LIMITS? VES X NO NO NO SECURITY IN LINE E. STREET AND NUMBER. 13. FATHER'S NAME WHAT COUNTRY? B. STATE Maryland D. INSIDE CITY LIMITS? VES X NO PARE OF DATE OF DATE OF DATE APPROVICE OF DEATH (A) INFORMANT APPROVICE OF DEATH (A) INMEDIATE CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean, the mode of dying, e.g., heert follure, estherio, est. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSE DISEASE OR CONDITIONS CONTRIBUTING TO THE BORN ELECTRY IN CONTRIBUTING TO THE BORN ELECTRY IN CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). DISEASE OR CONDITION GIVEN IN PART I (A). 20. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY	OXIMATE INTERN
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22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?	
(APPROX.) MHILE AT NOT WHILE AT WORK	
23.	
I certify that I held on Inquiry Inspection Autopsy and that an this basis, death in my opinion	
resulted from: Notural couses Accident Suicide Homicide Undetermined monner	
ACTUAL / / CHIEF MEDICAL EXAMINER DAT	ATE SIGNED
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X	
EXAMINER'S NAME (Type) WERNER U. SPITZ, M.D.	1-8-68
44. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)	1-0-00
Burial 1-11-68 Balto National Balto Md	(State)

porten 17162

	68	021	BALTIMORE CITY	HEALTH DEPARTMENT		68 0218
	00	الما	CERTIFICA	TE OF DEATH	REG. NO.	00 0010
IRTH NO.	EASED			2. DATE AN	D HOUR OF DEA	TH
Type or Print)		ce Smit	h	2, 57, 12	1-6-68	
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When	e deceosed lived.	If institution: residence before admissi
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	UTION, GIVE STREET	Maryland		13-01
NSTITUTION	Provident			C. CITY OR TOWN	D. 1	NSIDE CITY LIMITS?
39	110 V 1100110	nobpro		Baltimore E. STREET AND NUMBER		
				2408 Pennsylv	ania Aven	ue
SEX	6. RACE		NEVER MARRIED		9. AGE (In years lost birthday)	Months Days Hours Min.
Male	Negro	WIDOWED		8-16-07	60	
	JPATION (Give kind of work working life, even if retired)	108. KIND OF	BUZINEZZ OK INDUZIKA	Maryland	gn country)	U.S.A.
3. FATHER'S NA		-/		14. MOTHER'S MAIDEN NAM	ME	
	BERNARD	Sm.	iTH	AddiE	Edw	ard
5. Was Deceased Yes, no or unknown	Ever in U. S. Armed Ford (If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	30.00		218-03-4003	Edith Smith -	Wife	SAME
1B. 44 =	101		CAUSE OF DEAT	Н		APPROXIMATE INTERVA
331 X OTHER SIGNIF	G CONDITION last. II CANT CONDITIONS COINT BUT NOT RELATED TO THE		(c)			
DISEASE OR C	ONDITION GIVEN IN PAR	T 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF	21B, hom etc.)	ne, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Bolti	more City, give exoct location)
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	that (1) (this haspital		Tonionir 6	68		apinian death accurred an the d
and haur and	d fram the causes stat	ed abave. (I	i) (We) (did) (dld nat)	riew the bady after death.		
23A. SIGNATU	IRE (2				23B, DATE SIGNED
	Murid	1)	GEGREE Phy	ending Med. Director	Staff Phys.	1/8/68
23C. PHYSICIA NAME (T			UEGKEE	23D. ADDRESS		Polto Manuland
		Laredo	GEGREE	1514 Division		Balto., Maryland
REMOVAL	MATION, 248. DATE Specify)	24C. NA	AME of CEMETERY or CR	EMATORY 24D. L	OCATION	(City, town, or county) (State
BURIA	1-10-	68 N	IEW CATHER		Balto.	Ma.
	BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS (//
J	AN 9 1968 (1	Docto	E, Jankum	KELSON FUNERA	/ Home 1	1348 CAlhour St.
J1	414 2 1200 C	A SOLU "	Carl account	DEISON FUNERA	1 Home 1	LATITOUT.



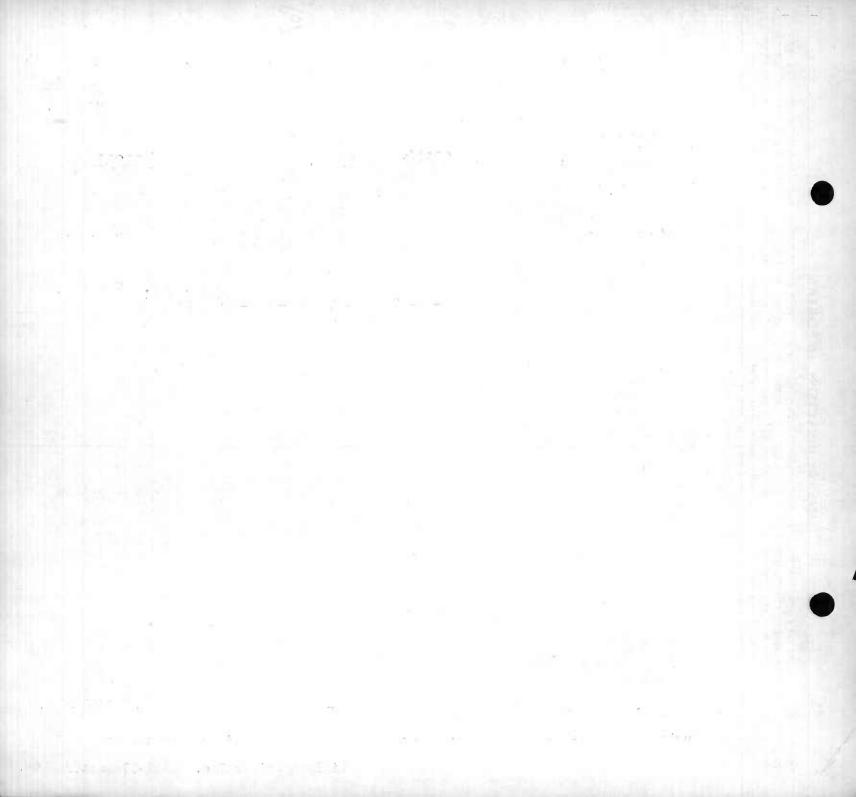
	()	0 00.	BALTIMORE CIT	Y HEALTH DEPARTM	IENT	C	8 0219
D10711 110	6	5 UZ.	SALTIMORE CITY CERTIFICA	TE OF DEA	TH REG.	NO	8 0219
BIRTH NO.	CEACED			lo fi	DATE AND HOUR OF	DEATH	
Type or Print)		Taylor		2. L		DEATH	0:11
					1/8/68		3:00 A.
3. PLACE IN BA	LTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	CE (Where deceased li B. COUNTY	ved. If institution	nt residence before admissi
				Maryland			-0
FULL NAME OF	ADDRESS OR LOC	ATION)	UTION, GIVE STREET				
INSTITUTION	Provident H		.Inc.	Baltimore		D. INSIDE CIT	
20			,			YES	X NO .
37				E. STREET AND NU	MBER		
				2228 Presst	man Street		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye	ears I If U	nder 1 Yr. , If Under 24 I
Female	Negro			1 11	1 last tout toy	Mont	hs Doys Hours . Min
		MIDOMED		6-10-0	00 60		
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done during most o	f working life, even if retired)			Balto., Mar	ryland	I.	J.S.A.
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13. FATHER'S NA				14. MOTHER'S MAIL		0	
	Wm. A	duas	de	1a	NIE RUF	1115	
5 W D	d Ever in U. S. Armed Fo			17. INFORMANT	VIE NUT	, 40	ADDRESS
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	he obove couse (A) IG CONDITION last.	stoting the	(-)				
ONBEREIN	TO CONDITION Idsi.		(C)			*****************	
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V	IFICANT CONDITIONS CO		HY	pertensi ~	/		
	ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PA						
	F OPERATION 198. COL	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Y	es or Nol 208. IF YES	WERE FINDIN	GS CONSIDERED
E	WAS PER	RFORMED		N	IN CERTIFY	ING CAUSES	DEATH!
U 21A. ACCID	ENT WAS UNDERLYING	21 B	PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE	E DID (If in	Boltimore City.	give exact location)
OR CONTRI	BUTING CAUSE OF	hom	e, form, foctory, street, o	office bldg., INJURY OC	CU R?		
DEATH (noti	fy medical examiner)	etc.	-	-			
Q 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW	DID INJURY OCCUR	?	
S OF HAJORI			ile At Not Whi	le 🗀	-		
(APPROX.)	par-	Wo	rk At Work				
22. 1 certif	y that (1) (this haspita	I) attended t	he deceased from	1-8	19 68 to		1- 8 1968
			1 -	C			
that (I) (we	e) last saw the deceas	ed alive an	/	19	and that in (my) (aur) apinion d	leoth occurred on the
and hour a	nd fram the causes sta	ited abave. () (We) (did) (did nat)	view the bady after	deoth.		
23A. SIGNAT		1 0	11 1			23 B. I	DATE SIGNED
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			DEGREE Phy		Phys.		3 00
23C. PHYSICI	AN'S O O O CLALA	Chan	-IKUL	23D. ADDRESS			
NAME	Types PUCFINA	C1101	INUL	1514 Divisi	ion Street	Balto	., Maryland
			DEGREE				
24A. BURIAL CR REMOVAL	(Specify) 248. DATE	24C. N.	AME of CEMETERY of CE	REMATORY	24D. LOCATION	(City, low	n, or county) (Stot
9	1 1.11-1	60 1	abition le	on Pu	Aob.	1.	11)
BURI		100 /	KUUTUS 17	c/11. / /5.	HRbu	1105	170C.
25A. DATE REC'	D BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL D	- 1 . 1/	- 10	ADDRESS
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	- 1500 1500	THE KIND		4.5	1 1 1000		



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	We Cr	68	0220	CERTIFICA	TE OF DEATH	REG. NO	UO UKI	U
1.	RTH NO. NAME OF DECI	EASED	/	0-15	2. DATE AN	D HOUR OF DEATH	1.1.00	
	rpe or Print)	Hat	=n	KAY	2:4	15 PM	1/2/68	M.
3.	PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	itution: esidence before	odmission)
FI	JLL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTIO	ON, GIVE STREET	Maryland		6-13	and the last
H	OSPITAL OR				C. CITY OR TOWN	D. INSI	DE CITY LIMITS?	,
-	Ba	ltimore Cit	ty Hospi	tals	Baltimore E. STREET AND NUMBER		YES X NO	
-	H91	40 Bastern	Avenue	07.00).	+940 Eastern	Avenue B	s 21224 altimore Ci	ty
5.	SEX	1timore, Mar	MARRIED ST	NEVER MARRIED		9. AGE (In years		
7	emale	Negro	WIDOWED	DIVORCED	7-20 - 1878	lost birthdoy) 89	Months Doys Hours	Min.
10	A. USUAL OCCU	JPATION (Give kind of wor		SINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT	COUNTRY?
do	ne during most of v	working life, even if retired)	43 A. M.		MARYLAND		21.5.1	7.
13	FATHER'S NAM	ME			14. MOTHER'S MAIDEN NA		4 511	
		Noome	N Spe	NCE	LEVÍ			
15	Was Deceased	Ever in U. S. Armed For	rces? 16.	. SOCIAL	17. INFORMANT HILDA O. HUSS	-115-21 21	ADDRESS	0.5
(1	es, no or unknown)	(If yes, give wor or dote	is of service)	SECURITY NO.	Records: BCH-1	LOLLO FORTO	TO MADISON	21221
-	18. / 7 /			CAUSE OF DEATH		TO Daste	APPROXIMATE	
	1//	E OR CONDITION DI	RECTLY		-		BETWEEN ONSET	AND DEATH
		LEADING TO DEATH		(A) IMMEDIATE CAU	SE Carrin	oma Il	Breast	1 years
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	-	ANTECEDENT CAUSES		(B) Due	Denney	week		
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ATION	TO THE DEAT	CANT CONDITIONS CO	THE TERMINAL					
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TEF		Lucia a Ber		CH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	INDINGS CONSIDERED	
-	10	WAS PER	RFORMED	ICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	INDINGS CONSIDERED	
CEPTIEIC	OR CONTRIBLE		RFORMED	ACE OF INJURY (e.g., ii	NO n or obout 21C. WHERE DID		INDINGS CONSIDERED USES OF DEATH? • City, give exoct locotion	
	OR CONTRIBLE	NT WAS UNDERLYING DITING CAUSE OF	RFORMED	ACE OF INJURY (e.g., ii	No			
100	OR CONTRIBU	NT WAS UNDERLYING [JTING [] CAUSE OF	21 B. PL/ home, etc.)	ACE OF INJURY (e.g., in farm, foctory, street, of	n or obout 21 C. WHERE DID injury occur?	(If in Boltimer		
	OR CONTRIBU	NT WAS UNDERLYING DING CAUSE OF	(Hour) 21 E. IN White	ACE OF INJURY (e.g., in form, foctory, street, of	n or obout 21 C. WHERE DID injury occur?	(If in Boltimer		
100	OR CONTRIBU DEATH (notify) 21D.TIME OF INJURY (APPROX.)	NT WAS UNDERLYING TABLE TO THE MEDICAL EXAMINATION (Month) (Day) (Year)	218. PL/home, etc.) (Hour) 21E. IN White work	ACE OF INJURY (e.g., if form, foctory, street, of IJURY OCCURRED AI Not While At Work	NO n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exoct locotlon	
100	OR CONTRIBUTED TO THE CONTRIBUTE	NT WAS UNDERLYING DITING CAUSE OF medicol exominer) (Month) (Day) (Year)	(Hour) 21E. IN While Work (I) attended the (ACE OF INJURY (e.g., if form, foctory, street, of IJURY OCCURRED AI Not While At Work	No n or about 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimor	City, give exoct locotlon	19
14.0	OR CONTRIBU DEATH (notify 21D.TIME OF INJURY (APPROX.) 22. I certify that (I) (That this hospita	(Hour) 21E. IN White Work	ACE OF INJURY (e.g., in form, foctory, street, of IJURY OCCURRED AI Not Whill At Work deceased from	No n or obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJ	(If in Boltimor	e City, give exoct locotlon	19
14.0	OR CONTRIBU DEATH (notify 21D.TIME OF INJURY (APPROX.) 22. I certify that (I) (That this hospital and the deceased from the course state of the course of the course state of the course	(Hour) 21E. IN White Work (I) attended the ced olive on	ACE OF INJURY (e.g., in form, foctory, street, of IJURY OCCURRED AI Not Whill At Work deceased from	No n or about 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimor	City, give exoct locotlon	19
14.0	OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	That this hospital and the deceased from the course state of the course of the course state of the course	(Hour) 21E. IN White Work (I) attended the ced olive on	ACE OF INJURY (e.g., inform, foctory, street, of IJURY OCCURRED AI Not Whill At Work deceased from 1999 (did) (did 1999)	NO n or about 21 C. WHERE DID fice bldg., INJURY OCCUR? 21 F. HOW DID INJ e 19 ond the fiew the body after death.	URY OCCUR?	City, give exoct locotlon	19
14.0	OR CONTRIBUTED TO THE CONTRIBUTE	That this hospital street saw the deceased from the couses sta	(Hour) 21E. IN White Work (I) attended the ced olive on	ACE OF INJURY (e.g., inform, foctory, street, of IJURY OCCURRED AI Not Whill At Work deceased from Image: All Art Work deceased from Image: A	NO n or about 21 C. WHERE DID fice bldg., INJURY OCCUR? 21 F. HOW DID INJ e 19 ond the fiew the body after death.	(If in Boltimor. URY OCCUR?	City, give exoct locotlon	19
100	OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	That this hospital street saw the deceased from the couses sta	(Hour) 21E. IN White Work (I) attended the ced olive on	ACE OF INJURY (e.g., inform, foctory, street, of IJURY OCCURRED AI Not Whill At Work deceased from Image: All Art Work deceased from Image: A	NO n or about 21C. WHERE DID fice bldg, INJURY OCCUR? 21F. HOW DID INJ e 19 ond the fiew the body after death.	URY OCCUR? 19taopin Staff Phys.	City, give exoct locotlon	19
MEDICAL	OR CONTRIBUTION DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (was ond hour and 23A. SIGNATU 23C. PHYSICIA NAME (T)	that this hospital as the decease of from the couses stated from the	(Hour) 21E. IN While Work I) attended the ded clive on	ACE OF INJURY (e.g., inform, foctory, street, of IJURY OCCURRED AI Not Whill At Work deceased from Idea (did) (did)	No n or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJ e 19 ond the filew the body after deoth. 23D. ADDRESS 14940 Early 22	URY OCCUR? 19ta ot in(my) to plus Shoff Phys.	238, DATE SIGNED	19
AAEDICAI	OR CONTRIBUTION DEATH (notify) DEATH	That Was UNDERLYING CAUSE OF medical examiner) (Month) (Day) (Year) That this hospital days saw the deceased from the causes stated from the causes from the cause of the c	(Hour) 21 E. IN White Work I) attended the ded olive on	ACE OF INJURY (e.g., inform, foctory, street, of form, foctory, street, of IJURY OCCURRED AI Not Whill At Work deceased from Segree have of Greek to the office of CEMETERY at CRE	No n or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJ e 19 ond the filew the body after deoth. 23D. ADDRESS 14940 Early 22	URY OCCUR? 19taot in(my) copin	City, give exoct locotlon	SCITAL
24	OR CONTRIBUTION OF THE PROPERTY OF INJURY (APPROX.) 22. I certify that (I) (Condity on the property of the pr	That Was UNDERLYING CAUSE OF medical examiner) (Month) (Day) (Year) That this hospital dash saw the deceased from the causes stated from the causes from the cause of the c	(Hour) 21 E. IN White Work I) attended the ced olive on	ACE OF INJURY (e.g., inform, foctory, street, of form, foctory, street, of IJURY OCCURRED AI Not Whill At Work deceased from Island Control of Green Involved Control of Control	NO n or about 21 C. WHERE DID fice bldg., INJURY OCCUR? 21 F. HOW DID INJ e 19 ond the filew the body after death. 23 D. ADDRESS 4940 East 1922 EMATORY 24 D. L	URY OCCUR? 19taopin ot in(my) copin Staff Phys. CORE	238, DATE SIGNED	SCITAL
IN CIUSAN	OR CONTRIBUTION OF THE PROPERTY OF INJURY (APPROX.) 22. I certify that (I) (Condity on the property of the pr	That Was UNDERLYING CAUSE OF medical examiner) (Month) (Day) (Year) That this hospital days saw the deceased from the causes stated from the causes from the cause of the c	(Hour) 21E. IN While Work I) attended the ded olive on	ACE OF INJURY (e.g., inform, foctory, street, of form, foctory, street, of JURY OCCURRED AI Not Whill At Work deceased from July Attention of General Lands of	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJ 21F. HOW DID INJ and the body after deoth. Inding Med. Director D	ot in (my) Staff Phys. CORE COCATION Ci	238, DATE SIGNED 19, Jown, or county) ADDRESS	S S TAG
MEDICAN	OR CONTRIBUTION OF THE PROPERTY OF INJURY (APPROX.) 22. I certify that (I) (Condity on the property of the pr	that this hospital as the decease of from the couses stated from the	(Hour) 21E. IN While Work I) attended the ded olive on	ACE OF INJURY (e.g., inform, foctory, street, of form, foctory, street, of IJURY OCCURRED AI Not Whill At Work deceased from Island Control of Green Involved Control of Control	NO n or about 21 C. WHERE DID fice bldg., INJURY OCCUR? 21 F. HOW DID INJ e 19 ond the filew the body after death. 23 D. ADDRESS 4940 East 1922 EMATORY 24 D. L	ot in (my) Staff Phys. CORE COCATION Ci	238, DATE SIGNED	19

Miller (x p. p. Take

17-635 68 022	BALTIMORE CITY	HEALTH DEPARTMENT		62 0224
00 000	CERTIFICA	TE OF DEATH	REG. NO.	UO URRI
I, NAME OF DECEASED		2 DATE AN	D HOUR OF DEATH	
(Type or Print) RAMON MAR	STINEZ	116	(68	16 P AM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE Where A. STATE 8. COUN	e degeosed lived. If inst TY	itution: residence before admission)
HOSPITAL OR (IF NOT IN HOSPITAL OR INSTITUTION BALTIMORE CITY HOS		MARYLAND c. CITY OR TOWN		E CITY LIMIDS?
4940 EASTERN AVENU		BALTIMORE E. STREET AND NUMBER		YES NO .
BALTIMORE, MARYLAN		12 S. BROAD	VAY	21231
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
WIDOWED		1-1-0	61	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)			,	
Retired Seaman		SPAIN		U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
RAMON SANTIESTABN 15. Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	DOLORES MA		223800A
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	BAL.	PIMORE, MD	21224
No	439-26-6796	RECORDS-BCH.	-4940 EASTI	ERN AVENUE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	()	ell I	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)		SE CONSEQUENCE OF:	FING From	
ANTECEDENT CAUSES		The second second		
DISEASES OR CONDITIONS, if ony, giving	(8)DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) slating the UNDERLYING CONDITION last,	(c)			
163X II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	YES	108. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner)		or obout 21C. WHERE DID	(If In Baltimare	City, give exoct tacatian)
U	. INJURY OCCURRED	215 HOW 515 INII	Inv a court	
WE OF INJURY	ile At Not While	21F. HOW DID INJ	ORT OCCOR!	
(APPROX.)	ork L At Work		-	
22. I certify that (1) (this haspita) attended t	he deceased from	1-5-61	10 10	- 6 196 X
that (1) (we) last saw the deceased alive an	11-6	19 6 and the	at in (my) (aur) opini	an death accurred an the date
and have and from the causes stated above.	(We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATURE				23B. DATE SIGNED
M. Hord Till	Dhoe	nding Med.	Staff Phys.	11/60
23C. PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS	,	21224
DR. MICHAEL JAFFE	DEGREE AME of CEMETERY OF CRE	BCH_4940 EAS	PERN AVENU	E. BALTIMOR E. MD
REMOVAL (Specify)				
ZOA. DATE REC D BT HEALTH DEFT. 1236. NAME	acred Heart OF REGISTRAR	25C, FUNERAL DIRECTOR	LUMORE COUNT	y, Maryland
100 0 1000 0	or registrar Deura	25C. FUNERAL DIRECTOR		Address L-07 Eastern Ave.



Lilly & Zeiler Inc.

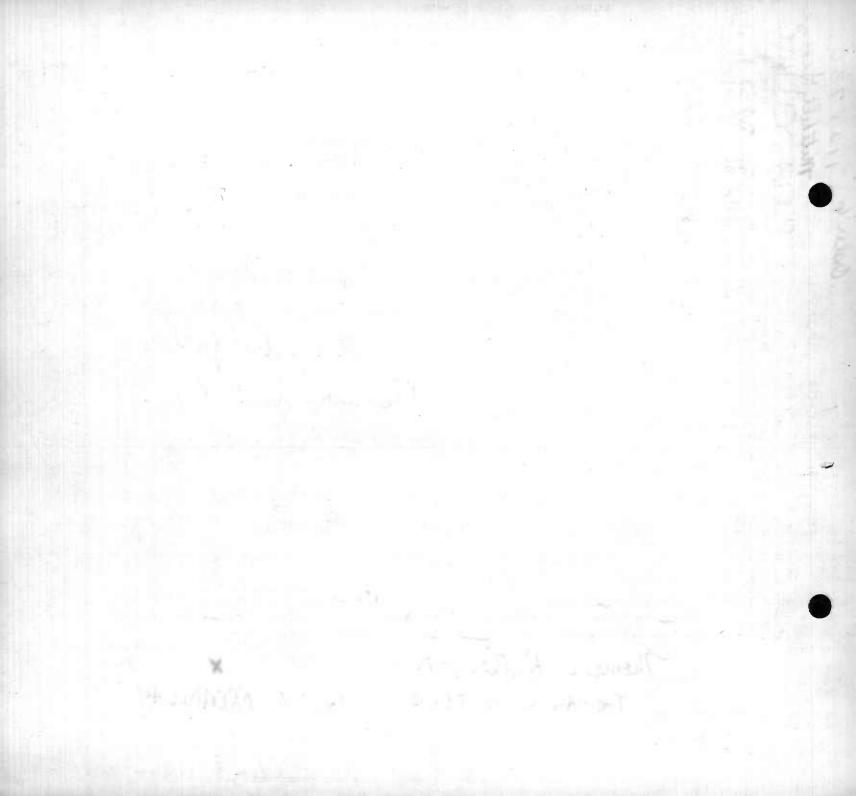
1901-07 Eastern Ava.

2SA. DATE REC'D BY HEALTH DEPT.

2SB. NAME OF REGISTRAR

arter - deposit bridge to the transfer of the court of the court

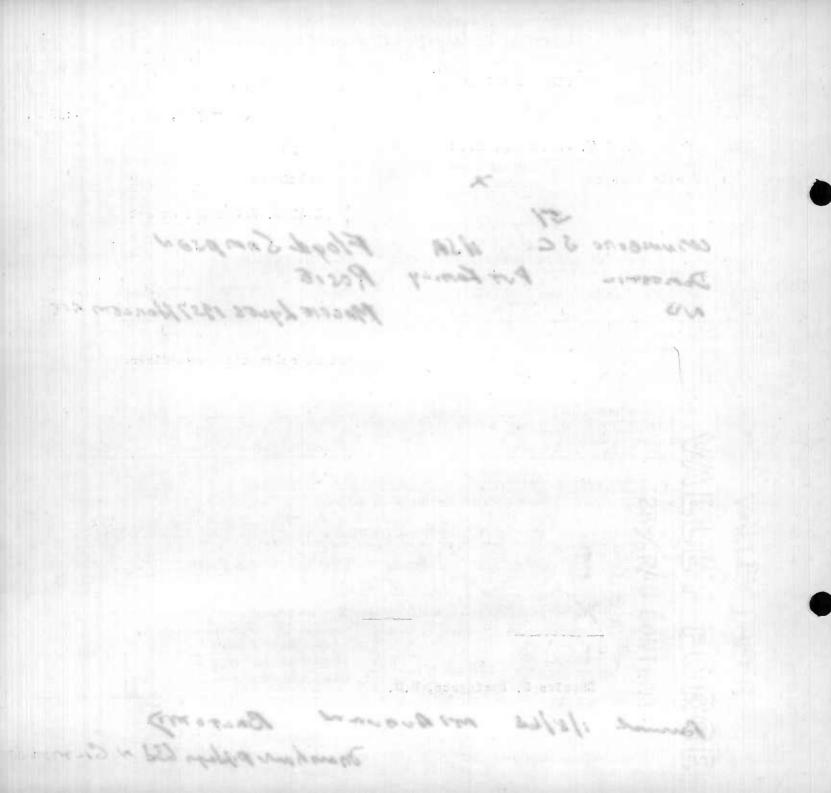
) 1	BALTIMORE CITY HEALTH DEPARTMENT 68 0223	
	ф	68 0223 CERTIFICATE OF DEATH REG. NO.	
	and and the the	BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	
)	2 - de e	(Type or Print)	AJ
7	2 = + 0 o E	3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before odmission	n)
1	2000	A. STATE B. COUNTY	
6	2 5 8 8 8 P P	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?	
	Se; Se;	IOHNS HOPKINS HOSPITAL	1
10.	A = BB = P	33 BALTIMORE, MD 21205	2
-	Sping.	929 N. EDEN STREET	7.17
	1 2 0 0 D	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months; Doys Hours Min.	rs.
	triming general	MALE NEGRO WIDOWED DIVORCED 12-10-94	
1	ed ed	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT	RY
2	der der	done during most of working life goven if retired) Refixed None Balto. Md. U.S. A	
3	de de sit	13. FATHER'S NAME	-
3	if deat rect or (4) Unde was ir the de spositio		
5 !	dis A tip	DAISY JUNNEY 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS	
	A tar	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	
	IMPORIANI r his assistant Also, if the dir of any kind; (ounced death ittendance on	Ves WW I 215-10-9489 Margnet Mitchell same	
	o de n = e	THE CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	
. [his no d	DISEASE OR CONDITION DIRECTLY	
	Als Als att	LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:	
		heort foilure, osthenio, etc. It meons the diseose,	
	act act	ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES	
	T frain	(B) 10144WW12 105 2014C	
	X X X X X X X X X X X X X X X X X X X	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the obove couse (A) stoling the	
!	cal examiner all examiners; (3) A fractucian who press in regular	UNDERLYING CONDITION Iosi. (C)	
	L DI edical dical orns; /sicia was main	_ 4/6X II	
-	AL mediedi bur bur hys	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
1	UNERA chief me by a mec Body bu the phy hysician	▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	_
	hie bod	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
	by by c	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obouil 21C. WHERE DID home, form, foctory, street, office bldg, INJURY OCCUR?	
	efe (2	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	
	by the re; (No No d be		
	os to (6)	WE'L AA - NO WE'L	
	n h h	(APPROX.) Work At Work	
	the any obt	22. I certify that (1) (this hospital) attended the deceased from 1/2/68 19 to 1/6/68	
	000.0	that (1) (we) lost sow the deceased alive on 116 (of 19 and that in (my) (our) opinion death occurred on the d	ote
	0077	ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.	
	st be ased dent ospit deat	23A. SIGNATURE 23B. DATE SIGNED	
	rid ho ho	Mongs C- Bullar M Degree Phys. Attending Med. Director Phys. 1668	
	relaced account to	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS PAGE (Type)	
	was r An a prior	THOMAS C. DVTIER I GO (N. DKWANOVA)	
	E - 4 - E	24A. BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)	
	body ws: (I D.O ease	2. 1 1/2/8 130 to NAT 16. 13. 15. 15.	
	s ce bo ws: s D	25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	-
	This certify the body shows: (1) was D.O. deceased written a	JAN 9 1968 Robert E. Farberra Loo Brownile	L
	- + 4 > 0 >	Vs 150-REV. 1/1/68	7



P 600

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68 0224
I. NAME OF DECEASED (Type or Print) ROSIE PERRY	2. DATE Known Month Doy Year Hour OF DEATH Estimofed M. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE Month Doy Year Hour PRONOUNCED DEAD January 4, 1968 11:55 A
ORINSTITUTION 1842 W. Saratoga Street	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission A. STATE Maryland B. COUNTY
6. SEX Female Negro 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs Months, Doys, Hours, Min	s. E. STREET AND NUMBER 1842 W. Saratoga Street
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	Floyd Sampson
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTING does during most of working life, even if retired)	POSIE
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grynknown) (If yes, give wor or doles of service)	MAGGIE LYLES 1937 HARLEM AUE
19. CAUSE OF DE	
	CAUSE Arteriosclerotic heart disease
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	R AS A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	WAS PERFORMED 21. AUTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	g., in or about 22C. WHERE DID (If in Soltimore City, give exact location) fice bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX)	22F. HOW DID INJURY OCCUR? DI WHILE WORK
ACTUAL Charle S. Accident Suic	Autopsy ond that on this basis, death in my opinion CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER
24A. BURIAL CREMATION, REMOVAL (Specify) 1/8/65 24C. NAME of CEMETER 1/8/65 M-7 Aug	Y or CREMATORY 24D. LOCATION (City, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	mushan pilling 638 of GILMON

(· . . .)



P625

MEDICAL EXAMINER'S CERTIFICATE OF DEATH	68 0225
BIRTH NO.	5. No
1. NAME OF DECEASED 2. DATE Known 🔀 Month Do	y Yeor Hour
(Type or Print) MICHAEL F. PERSON DEATH Estimoted January 7	7, 1968 9:00 A. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Do	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) PRONOUNCED DEAD January	7, 1968 9:00 A
512 N. Denison Street A. STATE Maryland B. COL	
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. IN:	SIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED Baltimore	YES X NO
9. Date of Birth 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Street and	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF 13. FATHER'S NAME	
BALTO MD WHAT COUNTRY? MILTON PERSON	'
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	
done during most of working life even if retired)	
SOLDIER 4.5 A. FORCES &/UND1995	ADDRESS
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dotes of service).	ADDRESS
455 7-1267-1-7-68 218-44-716 X-102 BULLEN	512 /on 1500 SA
CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY Overdose of Narcotics	BETWEEN CHOSET AND DEATH
LEADING TO DEATH	
(A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	**************************************
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	
injury of compression which coosed dealin.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:	2 w 2 A V V 2 V V W BAVA 2 A A A A A A A A A A A A A A A A A
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	The Carlotte of the Control of the C
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICA'NT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
O	Yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (If in Boltimore City,	give exoct location)
UNDERLYING OR CONTRIB. home, form, foctory, street, office bldg., etc.) INJURY OCCUR?	00-00
UTING ☐ CAUSE OF DEATH. ? 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?	
OF INJURY	
AT WORK LX Intravedous injection	on of Morphine
I certify that I held an Inquiry Inspection Autopsy X and that on this basis, death	in my opinian
resulted from: Natural causes Accident X Suicide Hamicide Undetermined ma	inner 🗌
CHIEF MEDICAL EXAMINER	0.000 0101150
ACTUAL ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D.	1 7 60
EXAMINER'S Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER L	1-7-68
	ity, town, or county) (Slote)
DEMONAL (County)	1.1
Bacrothe 1/11/68 Bacro MATIONAL BACTOR	100
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
JAN 9 1968 Palest E, Janey h	638 161 Lmost
10 m June 1 July	P 20 1/ PI LIM 04
VS 151-REV. 1/1/68 9 /	L

3461-9-6 BONTO MD 484 PHINON Soisier, 454. Fores of for 2,991 yes main into no 40 the Reconstrationing 19 161 4 Based Morrows Bases Alle m- family- out of the

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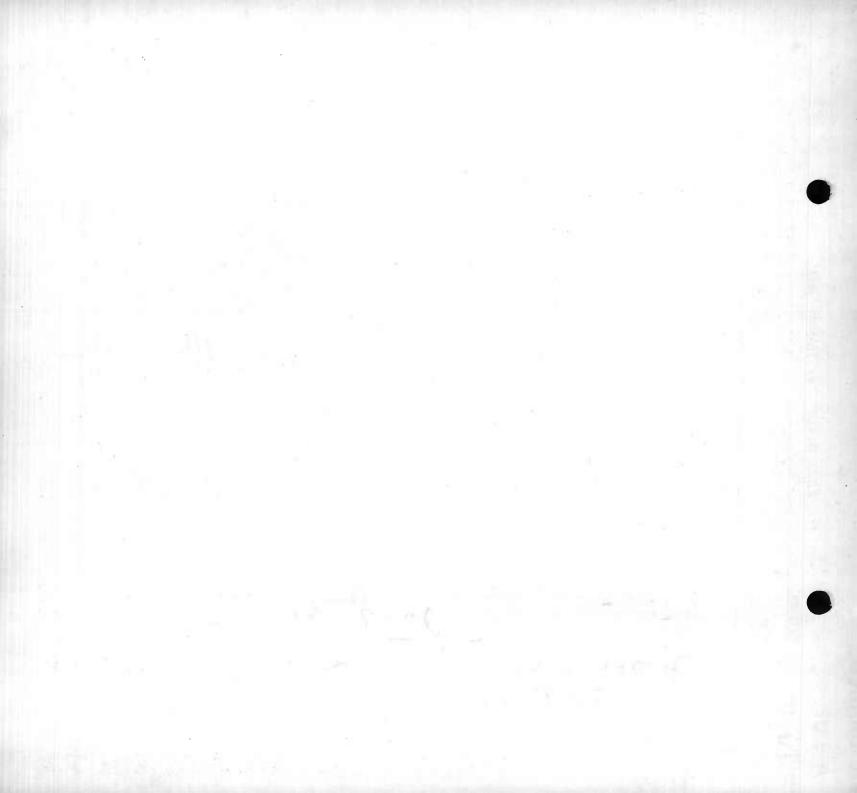
DIRECTOR:

FUNERAL

La west emolyot in 2 3-14-64 63 102 22 - 6416 Mr. His Handen Front Agriculat when her Athendant heart dinner CHF, Lixona dig talis internation allin a Zawar amp X 1/0 ALLER B KANER 3 Ontation Man DR. Relate Callendary markenst Plage Colle Come

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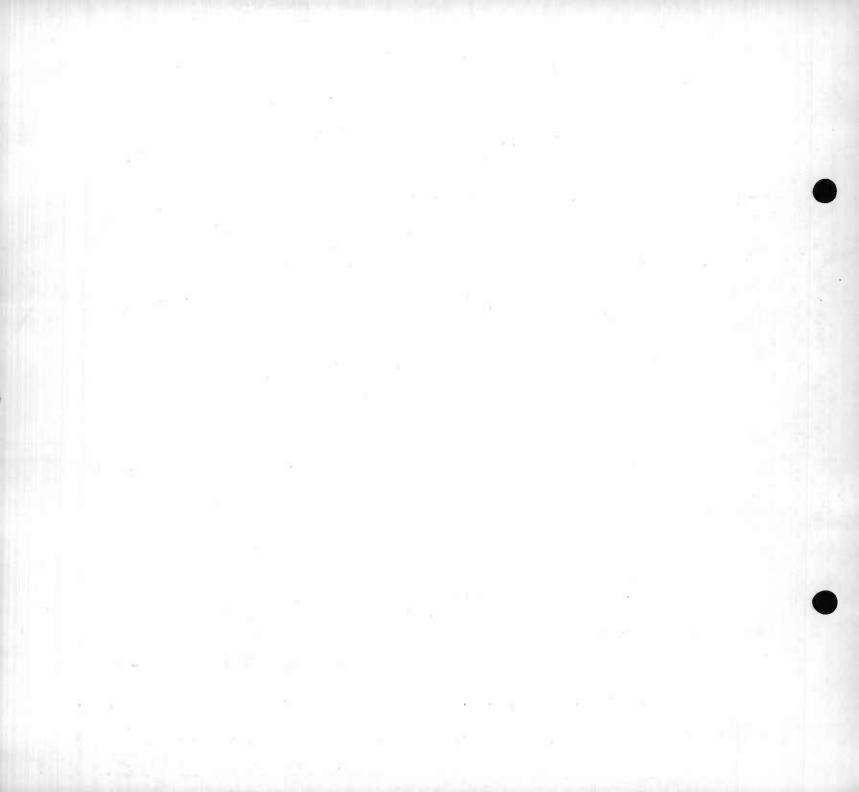
BALTIMORE CITY HEALTH DEPARTMENT



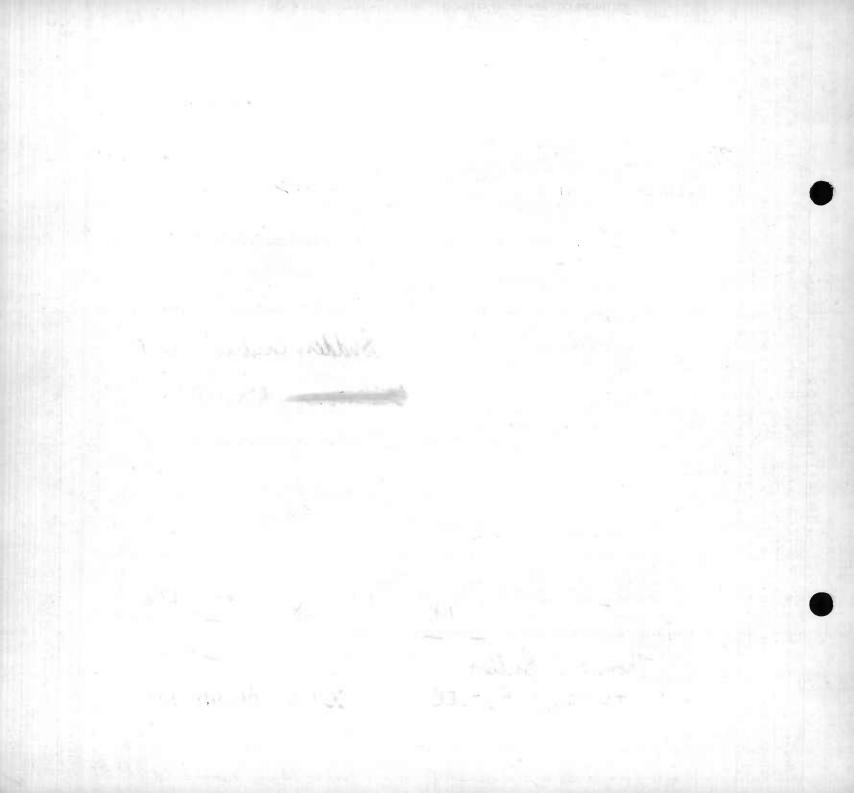
T-570 00 00	BALTIMORE CITY	HEALTH DEPARTMENT		68 0228	
BIRTH NO.	28 CERTIFICA	TE OF DEATH	REG. NO	00 0228	
I. NAME OF DECEASED		2. DATE, AN	D HOUR OF DEATH		
(Type or Print) //R ASHBY	JONES	1/16	168	733	Am
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (When	deceased lived. If inst	itution: residence before adr	nission)
5000 MANAGE OF WE WOT IN HOSPITAL OF IN		170/		.1 /	SI
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		C. CITY_OR TOWN	D. INSID	E CITY LIMITS?	4
MARYLAND GENE	EAL	1345-		YES NO	
		E. STREET AND NUMBER	Cin	. 1 0	
48 HOSP.		123 W.	SARATO	GAT ST.	
S. SEX 6. RACE 7. MARK	IED NEVER MARRIED	8, DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under Months Doys Hours	24 Hrs. Min.
	VED DIVORCED	4-6-18	84		
10A. USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT CO	UNTRY?
	UK,	UNKHOWI	N-URGINIA	U.S.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE CONTRACTOR	0	
UNENOGIN - HONDY	CLAU JONES	UNKNOW	N Til	i Cauthor	10
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	TY INEORMANT DUP	2.4708/	ARRISONESS BL	1.101
(Yes, no or unknown) (If yes, give wor or dotes of servi	ce) SECURITY NO.	Charle Class	T (7)	CHI SON WE	UCY.
18.	CAUSE OF DEAT	1 CS CRATE	, ,	APPROXIMATE INT	ERVAL
DISEASE OR CONDITION DIRECTLY	M	ocaroin 1	NHARCTIO	BETWEEN ONSET AN	DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL		NIMICE (10	Recen	T
(This does not mean the mode of dying, heart loiture, asthenio, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:			
injuly of complication which caused death.)	4	/ .	01	1	
ANTECEDENT CAUSES	(B) HPR	encosclerotic (Carlevore (tes 30-40	Ms
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:			J
rise to the obave cause (A) stating UNDERLYING CONDITION lost.	(C)				
4201	(0)				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTE		0) 1/2-			
□ IN THE DEATH BUT NOT RELATED TO THE TERMIN ■ DISEASE OR CONDITION GIVEN IN PART 1 (A).	VAL	ce sengion			,
198. CONDITION FWAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?	
# 0100 NT		1 1010 11111111			
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(It in Baltimore	City, give exoct location)	
DEATH (natify medical examiner)	etc.)		7		
OF INJURY (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?		
(APPROX.)	While At Work Not While At Work		-		
22. I certify that (I) (this haspital) attend	ed the deceased fram	- 5	9 G8 to 1	-7 19	GP.
that (1) (we) last sow the deceased olive	on 1/7	19 68 and the	at in (my) (aur) pini	on deoth occurred on t	he dote
and haur and from the causes stated abov	e (())(We) (did)(did not) v				
23A. SIGNATURE	9			23B. DATE SIGNED	
French 1 Zni	7 K / (1/ Oh.,	nding Med.	Staff Phys.	1-7-61	8
23 C. PHYSICIAN'S	DEGREE	23D. ADDRESS	0)
NAME (Type)	PICK MA	MARYLAND	Gen / H	920	
24A. BURIAL CREMATION, 248, DATE 24	CNAME of CEMETERY OF CRI	MATORY 24D. LC	OCATION (City	, town, or county) (Stote)
PREMOVAL (Specify)	D 1, 10	1	2.11 0	2-/	
BURIAL 1-9-68 U	ARKWOOD (E	metery 1	ALTO.	ADDRESS	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAI	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Dara a	ADDRESS	
VS 150-REV. 1/1/68	,	LIBWORTH	TO INACO	7 /	
TU 100 RET 1/1/00					

FUNERAL DIRECTOR: IMPORTANT

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		00	UKK	CERTIFICA	ATE OF	DEATH	REG. NO	D	18	02
	TH NO.	SED	1 14			2. DATE A	ND HOUR OF DE	ATH		
Тур	e or Print)	KAT	to MA	4 Oldhar	n	JANI	8 196	8	1	
3. F	PLACE IN BALTIA	ORE MARYLAND, W	HERE PRONOU	N CED DEAD		B. COUL	ere deceased lived	. If institution	: residence	before
					A. STATE	10 11/0	11-1			.00
HO	LL NAME OF	ADDRESS OR LOCA	AL OR INSTITU ATION)	TION, GIVE STREET	C. CITY OR T	TIN 4 //+	Vα	INSIDE CITY	HMITS	1 4
INS	TITUTION				BA	1 timo	NA .	YES [A MINE	NO
11	11	May and m	10m10.	aL HospitAl	E. STREET A	ND NUMBER	1	120 6	_ (140
4	4	UNIONII	IE INU DE LO	an major	44	05 (1)x	NTWORT	4/ /	2	
s. s	EX 6.	RACE	7. MARRIED	NEVER MARRIED	B. DATE OF	BIRTH	9. AGE (In years	If Un	der 1 Yr.	IF U
Lo	male	Wih to	WIDOWED	_	5-14-	1884	lost birthday)	Manth	s Days	Haurs
			10B, KIND OF	BUSINESS OR INDUSTI	RY 11. BIRTHPLA	CE (State or fore	eign country)	12. C	TIZEN OF	WHA
done	e during mast of war	king lite, even if retired)			1	201.1.			43	X
13.	FATHER'S NAME		<u> </u>		14. MOTHER	S MAIDEN NA	O RC		UC	2/1
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7	VOUND	(3.6	3	1/ 20 5141	ATTHERINE		SON		ADDRE	
		er in U. S. Armed Far yes, give wor or date		SECURITY NO.	17. INFORMA		0	11		
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	18. 4/	91		CAUSE OF DEA	TH .				BETWEEN	XIMATI
		OR CONDITION DI	RECTLY		n,	1		. 1		
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	injury ar campli	cation which caused	death.)	0						
	AN	TECEDENT CAUSES		(B) /	Char.					
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ATIO	rise to the UNDERLYING OTHER SIGNIFICATION THE DEATH	obave cause (A) CONDITION last. II ANT CONDITIONS CO BUT NOT RELATED TO T JUITION GIVEN IN PAR PERATION 1198. CON	Slating The NTRIBUTING HE TERMINAL LT 1 (A). IDITION FOR W	(c)	uryon		a) 208. IF YES, V	VERE FINDING	SS CONSI	3 ye
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VS 150-REV. 1/1/68



68 0231 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 68 BIRTH NO 1. NAME OF DECEASED 2. DATE Known 😾 Month Year Hour OF ANNETTE C. ALBAN Estimoted 1 7 68 1:40 PM DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Dov Yeor Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 68 1:40 PM ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY UNION MEMORIAL HOSPITAL - DOA Maryland **PARTED ROPE** C. CITY OR TOWN 7. RACE D. INSIDE CITY LIMITS? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED Female. White Baltimore YES X No 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER last birthday) Months | Doys : Hours | Min. April 11, 1896 1738 E. 30th Street, Baltimore 21218 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Maryla nd George H. Alban 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) Ella A. Mulligan 16. WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** SOCIAL 18. INFORMANT SECURITY NO. (Yes, no grunknown) (If yes, give wor or dotes of service) Mr. George J. Alban (Same) APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)_ CERTIFICATIO 422. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22B.PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) hame, form, foctory, street, office bldg., etc.) INJURY OCCUR? 22A. **EXTERNAL CAUSE WAS** UNDERLYING OR CONTRIB UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT (APPROX.) WORK AT WORK 23. I certify that I held an Inquiry Inspection X Autopsy and that on this basis, death in my opinion Suicide Hamicide ___ Undetermined manner resulted from: Natural causes KX Accident CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 1-8-67 ASSOCIATE MEDICAL EXAMINER EXAMINER'S WERNER U. SPITZ. M.D. NAME (Type) 24A BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 1/11/68. New Cathedral Cemetery Baltimore, Md.

25C. FUNERAL DIRECTOR

Leonard J. Ruck, Inc. Balto. Md. 21214

258. NAME OF REGISTRAR

25 A. DATE REC'D BY HEALTH DEPT.

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Liberty d. common, inc. and to a prince.

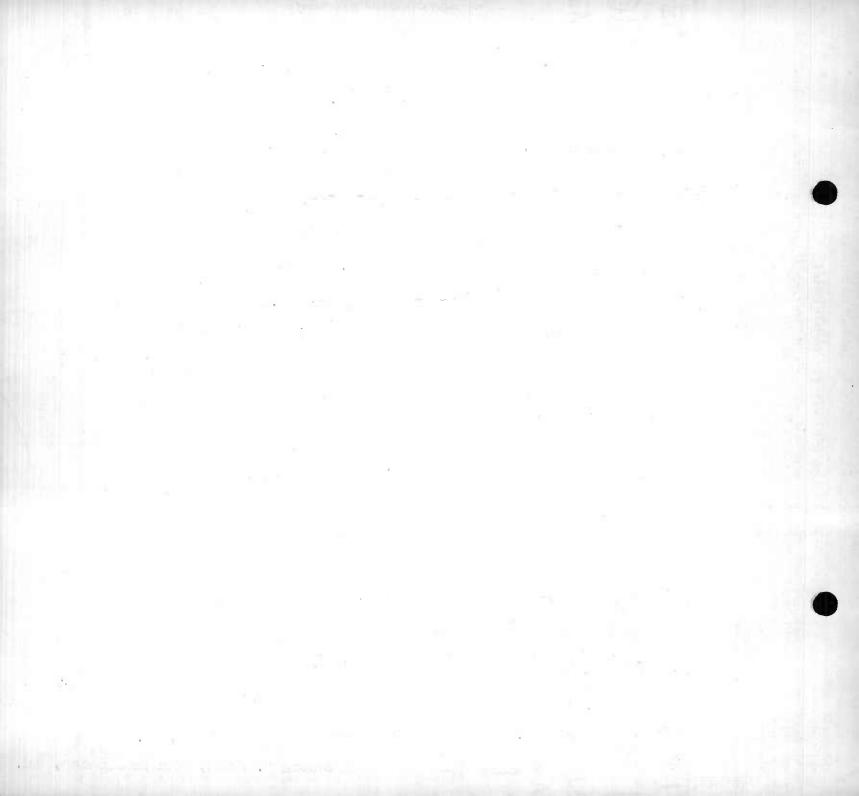
Such

NAME OF DECEASED Type or Print) Mary L. Mcg	uire	Janu	cary 9,190	58 5 A
B. PLACE IN BALTIMORE, MARYEAND, WHERE PROFIDE TO THE PROPERTY OF THE PROPERTY		A. USUAL RESIDENCE (Who A. STATE B. COUN Md. C. CITY OR TOWN Baltimore E. STREET AND NUMBER	ΙΤΥ	SIDE CITY LIMITS?
Lawala lubita	RIED NEVER MARRIED K	8. DATE OF BIRTH 4-14-1892	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10B, KIN) lone during most of working life, even if retired) Homemaker	D OF BUSINESS OR INDUSTRY	Maryland		12. CITIZEN OF WHAT COUNTY
3. FATHER'S NAME Matthew McGuire		Mary Mangar		
S. Wos Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of servi	16. SOCIAL SECURITY NO. 220-51-7109	17. INFORMANT Margaret Wak H Certic Cardio	potiold	Address
LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc. It means the dise injury or complication which coused death,) ANTECEDENT CAUSES	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	rest	3 year
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise injury ar complication which coused death,)	(a) IMMEDIATE CAL DUE TO, OR AS ving (B) DUE TO, OR AS the (C)	A CONSEQUENCE OF:	ìlest	3 year
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, girise to the above couse (A) stoting UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMINATION OF CONDITION BY AN AND THE TERMINATION OF CONDITION BY AND THE TERMINATION BY AND THE TERMINATION OF CONDITION BY AND THE TERMINATION BY	e.g., (A) IMMEDIATE CAL passe, DUE TO, OR AS ving the (C)	A CONSEQUENCE OF:	Dig 208. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, girise to the above couse (A) stoting UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELAT	e.g., (A) IMMEDIATE CAL passe, DUE TO, OR AS ving the (C)	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No	208. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED
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VS 150-REV. 1/1/68

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Leonard J. Ruck, Inc Baltimore, Md.

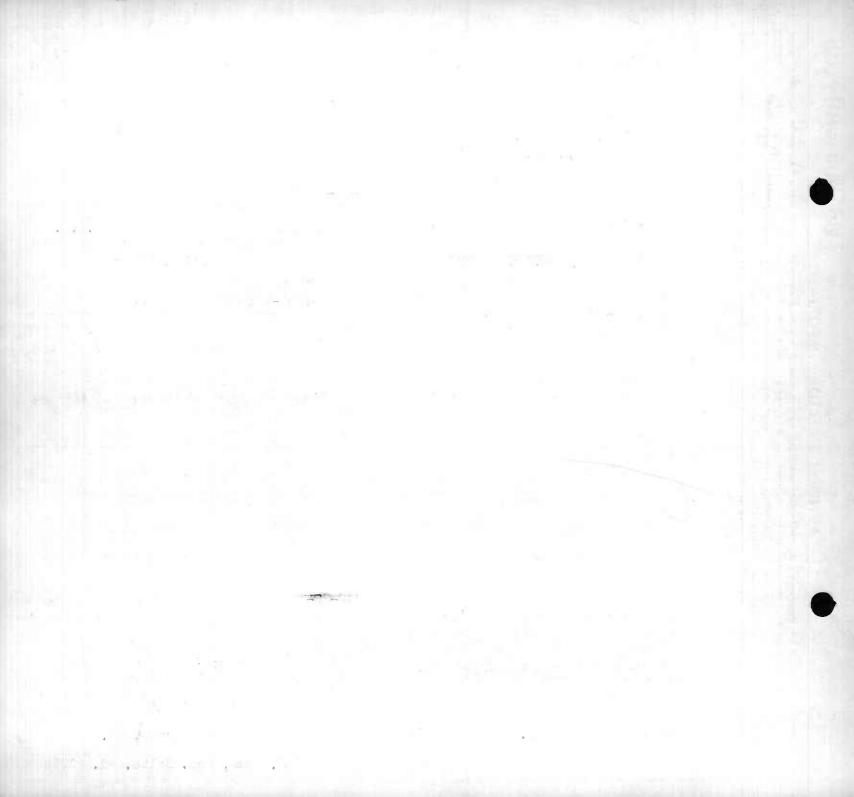


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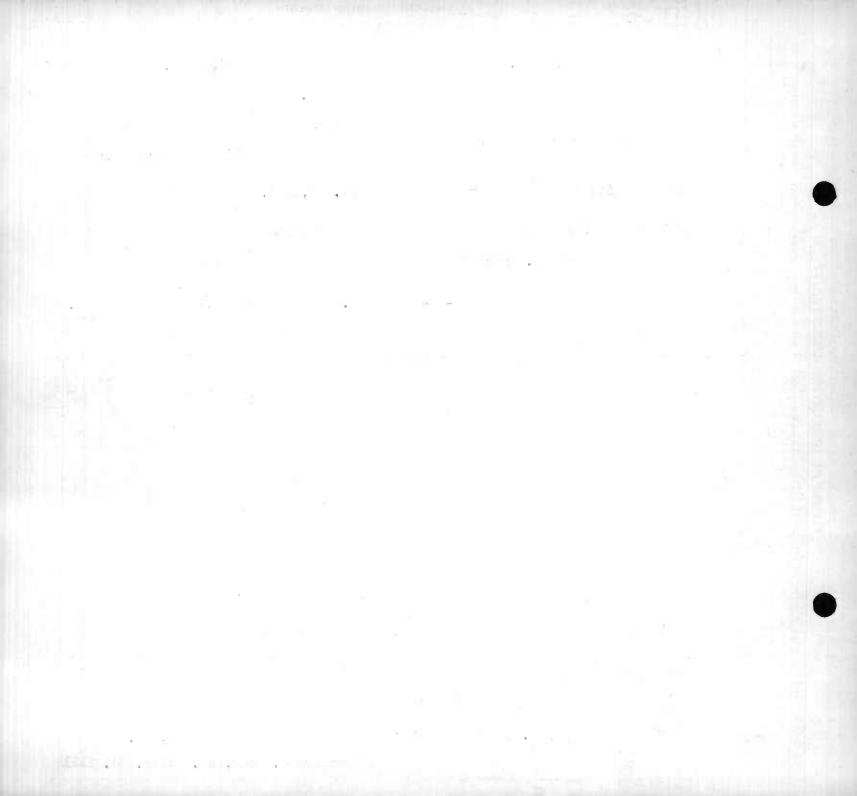
BALTIMORE CITY HEALTH DEPARTMENT

Sent I. It and I wanted

M-46	68	000		HEALTH DEPARTMENT	are No	GR 0224
IRTH NO.	90	UZi	GERTIFICA CERTIFICA	TE OF DEATH	REG. NO	00 0204
NAME OF DE	CEASED				AND HOUR OF DEATH	01
Type or Print)	MILLER . +	40605	TA C.		1/7/68	11-4
PLACE IN BA	LTIMORE, MARYLAND, W	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO		stitution: residence before admiss
FULL NAME OF	F (IF NOT IN HOSPIT	TAL OF INSTIT	IITION CIVE STREET	Maryland		071
HOSPITAL OR	ADDRESS OR LOC.	ATION)	UTION, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY HANITS?
	Baltimore City	-	als	Baltimore		YES NO
	4940 Eastern A			E. STREET AND NUMBER		
3/ 1	Baltimore, Mary	rland 2	1224	5127 Hillbur	n Avenue	21206
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24
Female	White	WIDOWED		9-26-1896	lost birthdoy) 77	Months Doys Hours Mi
À. USUAL OC	CUPATION (Give kind of wor			11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COU
	of working life, even if retired)					U.S.A.
				Maryland		U, D, A,
FATHER'S NA		manner C.	www.m	14. MOTHER'S MAIDEN N		
	John &	igigings Cu	uran		Martha	Strumsky
. Was Decease	ed Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No No	yes, give wor or dote	es or service)	None	Records: BCH-4	940 Eastern	Avenue 21224
1B, 🔊 /	11		CAUSE OF DEAT			APPROXIMATE INTERV
1 2	ASE OR CONDITION DI					BETWEEN ONSET AND
UNDERLYIN	he obove couse (A) NG CONDITION lost.	sioning ine	(c)			
TO THE DEA	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	THE TERMINAL RT 1 (A).	.0000 *********************************			
19A. DATE C	OF OPERATION 19B. CON WAS PER		WHICH OPERATION	YES YES	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? YES
OR CONTRI	ENT WAS UNDERLYING DUTING CAUSE OF fy medical examiner	218 hon etc.	ne, form, foctory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exoct location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?	
(APPROX.)		Wh	ile At Not While	e 🗀		
22 1			111	170 20-	19 67 to	117 19 6
	y that (1) (this haspito		.1-	10-20-		
	A to a start				that in (my) (our) oni	
	e) last saw the decease		· · · · ·			nian deoth accurred on the
ond hour o	nd from the couses sto		· · · · ·	iew the body ofter deot		
	nd from the couses sto		(We) (did) (did not) v	iew the body ofter deot	h.	23B. DATE SIGNED
ond hour o	nd from the couses sto		(We) (did) (did not) v	nding Mod.	S Noff Phys.	23B. DATE SIGNED
ond hour of 23A. SIGNAT	nd from the couses sto		(We) (did) (did not) v	iew the body ofter deot	S Noff Phys.	23B. DATE SIGNED
ond hour o	nd from the couses sto	eted obove.	(We) (did) (did not) v	nding Mod. Director 23D. ADDRESS Baltim	Shoff K Phys. K ore City Hosp	238 DATE SIGNED
23A. SIGNAT	TURE Jack Brand	red obove. <u>(</u> Lud)	(We) (did) (did not) v	nding Mod. Director 23D. ADDRESS Baltim 4940 Eastern	Stoff Phys. ore City Hosp Ave, Baltimore	17/68 itals ,Maryland 21224
23A. SIGNAT 23C. PHYSICI NAME	Jack Brand	les	Me) (did) (did not) v Attention OEGREE AME of CEMETERY of CRI	nding Mod. S. Director 23D. ADDRESS Baltim 4940 Eastern MATORY 24D	Shoff E Phys. E Phys. E Phys. Baltimore Ave, Baltimore	itals ,Maryland 21224 ity, town, or county) (Sto
23C. PHYSICI NAME	Jack Brand REMATION, 24B. DATE (Specify) 1/10/6	des 24C.N	(We) (did) (did not) v Attended to the phy OEGREE AME of CEMETERY or CRI Crkwood Cemete:	nding Mod. birector 230. ADDRESS Baltim 4940 Eastern MATORY 240	Shoff E Phys. E Ore City Hosp Ave, Baltimore Baltimo	238 DATE SIGNED 17/68 itals , Maryland 21224 ity, town, or county) (Sto
23C. PHYSICI NAME A. BURIAL CR REMOVAL BUTIA	Jack Brand	des 24C.N Pa	Me) (did) (did not) v Attention OEGREE AME of CEMETERY of CRI	nding Mod. 5. Director 23D. ADDRESS Baltim 4940 Eastern EMATORY 24D 25C. FUNERAL DIRECT	Shoff Menty Hosp ore City Hosp Ave, Baltimore Baltimore	1238. DATE SIGNED 17/18 itals , Maryland 21224 ity, town, or county) (Signer)



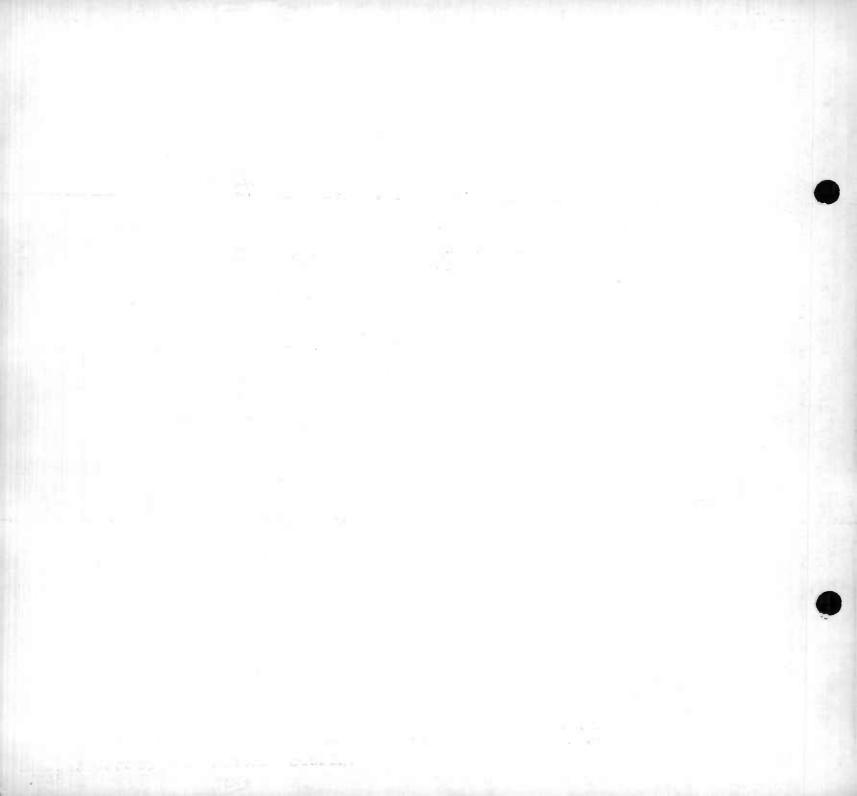
2-3	24/	20	BALTIMORE CITY	HEALTH DEPARTMENT		68 0235
100	7	58	0235 CERTIFICA	TE OF DEATH	REG. NO.	00 000
BIRTH NO.	FCEASED				ND HOUR OF DEATH	
Type or Print)	MARVI	יון וון	DA יוייד דייני			1 1
			RATCLIFF	Janua	ary 6, 1968.	
3. PLACE IN B	ALTIMORE, MARYLAND,	WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Wh	NTY	istitution: residence before admissio
FULL NAME O	F (IF NOT IN HOS	PITAL OR IN	NSTITUTION, GIVE STREET	Md.		
HOSPITAL OR	AL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?	
	1355 Sherwood Avenue			Baltimore		YES NO
NA				E. STREET AND NUMBER		
					1355 Sherw	rood Avenue
. SEX	6. RACE	7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H
Male	White		WED DIVORCED	Nov. 13,1891.	lost birthdoy) 76	Months Doys Hours Min.
A USUAL OC	CUPATION (Give kind of w			11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNT
lone during most	of working life, even if retire	d)			org. Coominy,	TELEVISION OF WHAT COUNTY
Retire	ed Electrical	Assem	bly	Maryland		USA
3. FATHER'S N				14. MOTHER'S MAIDEN NA	ME	
	Marvin	T. Ra	teliff		Unknown	
5. Was Deeper	ed Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknov	wn) (If yes, give wor or d	otes of serv	security NO.			
No			212-07-4422	Mr. Marvin Rat	cliff,1311 V	Walters Ave. #12
18.44	001		CAUSE OF DEATH			APPROXIMATE INTERVAL
1 1	ASE OR CONDITION	DIRECTLY	4			BETWEEN ONSET AND DEA
Disc	LEADING TO DEAT		1 ard	wares 1/0	noneled.	alia Iday
(This does	not meen the mode		(A) IMMEDIATE CAU	SE / LC	to root w	ew / act
heort foilur	e, oslhenio, elc. Il med	ns the disc		CONSEQUENCE OF:		
injury or c	omplication which cous	ed deoth.)	2 16		- A. O.	7-1-12
	ANTECEDENT CAUS	ES	(Classet	copcleron	e Carello	tev. 20
DISEASES	OR CONDITIONS,	f ony, gi	iving DUE TO, OR AS	A CONSEQUENCE OF:	0 0 -	1.000
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UNDERLI	NG CONDITION lost.		(C)		V	
420,1	- 11					No. 1 1 2 2 2 2 2 2
	NIFICANT CONDITIONS					
▼ DISEASE OR	ATH BUT NOT RELATED TO		INAL			
	OF OPERATION 198. C		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED
	WASP	FKLOKWED		200	IN CERTIFIED CA	OJEJ OF DEATH!
J 21 A. ACCIE	ENT WAS UNDERLYING		21B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Boltimor	e City, give exact location)
	IBUTING CAUSE OF		home, form, foctory, street, of	nce bldg., INJURY OCCUR?		
)				0.5		
21 D. TIME	(Month) (Doy) (Ye	or) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)			While At Not While			
22 1	(AlA (1) (.1		7	2 Televines	1067 . 100	168
			ded the deceased from	o fermony	196/ to 101	19
that (1) (w	e) lost saw the dece	sed olive	an Cypril 1	1968 ond t	hat in(my) (🚧) opi	nion deoth occurred on the de
and hour a	ind fram the causes s	tated aba	ve. (I) (We) (did) (di d noi) v	iew the body ofter death.		
23A. SIGNA						23B. DATE SIGNED
Col.	1, sur Td.	11011	do MIN Atte	Med.	Staff	2011 V 191
Clas.	10 gen	uluc	- DEGREE		Phys.	Jan 0 100
23 C. PHYSIC	(Type)	- /	1- 11.00	23D. ADDRESS	111	A.
(01,0	75. 115 m E	du	ionas Mb	2746/12	Hanne	la
4A. BURIAL C	REMATION, 24B. DATE	124	C. NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	ity, lown, or county) (State)
REMOVAL Buri	(Specifu)	/68.				
Duri	1/9	000	Prospect Hill C		Baltimore,	
F 50 50 50 50	'D BY HEALTH DEPT.	25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R Two D	Lto. Md. 21214
JAN 9	1968 A C.	B. O.	Faller MA	Leonard J.	uck, Inc. Bal	rto. Ma. STSTA
	United the	A C.	VICTATION IN			



0 - 1 - 1					REG. NO.	0.00
	68	023	6 CERTIFICA	TE OF DEATH		
BIRTH NO.	CEASED				ID HOUR OF DEATH	
(Type or Print)	ALBERT J.	WHIT	NEY		ary 8. 196	- + K
3. PLACE IN BA	LTIMORE MARYLAND, W	HERE PRONO	UNCED DEAR		re deceased lived. If i	nstitution: residence before admissio
SULL NAME OF	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryland		17-34
INSTITUTION			1-11-68	Baltimore 212		YES X NO
5607 Ren	mmell Ave.			E. STREET AND NUMBER	00	YES X NO .
C				5607 Remmell Av	78.	
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hi
Male	Cauc/	WIDOWED	DIVORCED	April 12, 1897	lost birthdoy) 70	Months Doys Hours Min.
		108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNT
Retired	Auditor			Maryland		USA
3. FATHER'S NA	AME Novoti	nay		14. MOTHER'S MAIDEN NAM		
	John	White	neys		Anna Non	robny Petrik
S. Wos Decease	ed Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No No	(If yes, give war or dote	es af service)	218-07-5401A	Mrs. Irene L. W	hitney	(Same)
1B. 4/	2.91		CAUSE OF DEAT	TH /		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISE	ASE OR CONDITION DI	RECTLY		(outlin	O Aktol	X Zuldo Bay
(This does	LEADING TO DEATH	dvina e.a	(A) IMMEDIATE CA	A CONSEQUENCE OF:	10 00	1 fills card
	, osthenio, etc. It meons					
				A CONSEQUENCE OF:	7	
	mplication which coused	deoth.)		Sell of be les-	Fry M	1961
injury or co	ANTECEDENT CAUSES	deoth.)	(B) (D)	somaly let	Fry Ma	ices 1961
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FUNERAL DIRECTOR: IMPORTANT

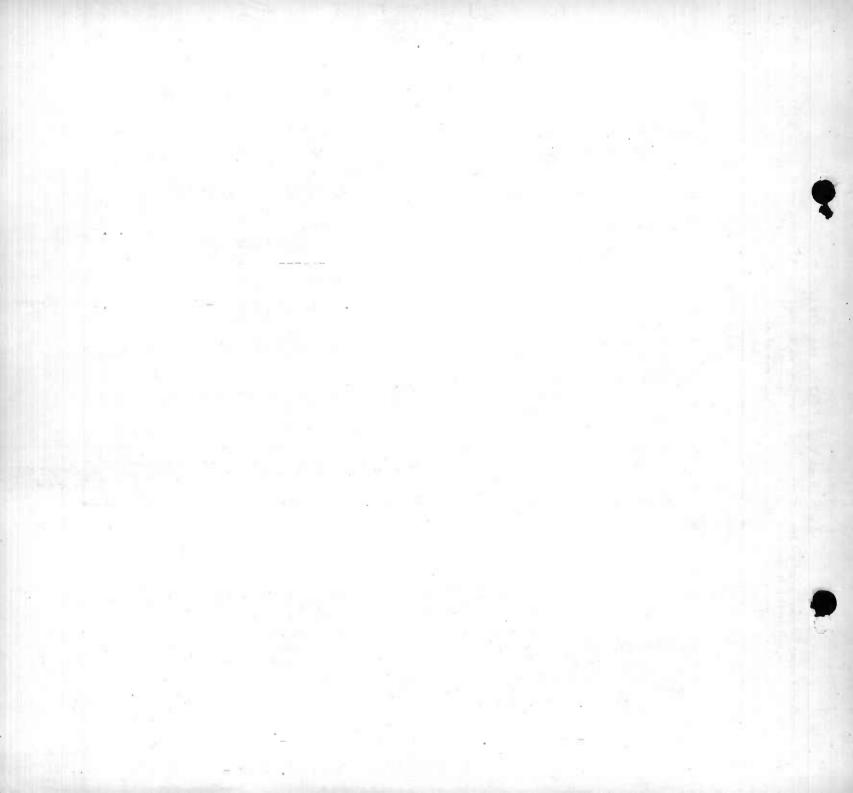
	68	2 09	BALTIMORE CITY	HEALTH DEPARTMENT		62	0000
IRTH NO.	U	J UZ	CERTIFICA	TE OF DEATH	Registered Na.	00	0201
M.E. CASE NO.	CFASED			D DATE	AND HOUR OF DEATH		
Type or Print)	1/ BENT	ELI	BATES	JAK	WARY 6	1965	8: 35 A.
PLACE OF DI	EATH IN BALTIMORE, MA	RYLAND	77700	4. USUAL RESIDENCE (W	here deceased lived. If in	n stitution: residen	ce before odmission
FULL NAME			give street	A. STATE B. CO	RYLAND		
HOSPITAL OR	oddress or locotio	n)		C. CITY OR TOWN (III	outside city limits, write	RURAL ond give	township)
				12/1/1	MORE	C/	00
FRANKE	LIN SQUAR	EM	40SPITAL	D. STREET ADDRESS	(If rurol, give locotion)	E	44
SEX	6. RACE	7. MARRIED	, NEVER MARRIED D. DIVORCED (specify) Married	8. DATE OF BIRTH 20 - 80	9. AGE (In years last birthday)	If Under 1 Yr. Months Doys	If Under 24 Hrs Hours Min.
	UPATION (Give kind of wor	k 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN C	OF CHAIRBY
radio 1	f working life, even if retired) repairman	RE	TIRED	NEW SOUTH	& WHALE	NEW	
FATHER'S NA	BOY	Alber		14, MOTHER'S MAIDEN N	Boyd -		
Was Decease	d Ever in U. S. Armed For	10052	Haites	17. INFORMANT		ADD	RESS
	(If yes, give wor or dote		SECURITY NO. 217 16 8007	FRAKEN	860000	His SP	717
18. daylor 4	2 X 1		CAUSE O	F DEATH	1	INTER	VAL BETWEEN
DISEA	SE OR CONDITION DI	RECTLY		1. 1.	1 11	L ONSE	T AND DEATH
	LEADING TO DEATH		(A) OLCE	Te Mackent	crorderly.	Dran	elerano.
	not mean the mode of , osthenia, etc. II means						2
	mplication which caused		00	1	40.	N /	
	ANTECEDENT CAUSES		18 all	anythastore	1000	heeld	ches
DISEASES	OR CONDITIONS, if	ony giving	DUE TO	1	//1		
rise to th	he obove couse (A)		(C)	or pulu	oralue		
UNDERLYIN	IG CONDITION last,						
E TO THE D	II NIFICANT CONDITIONS CODEATH BUT NOT RELA	ATED TO TH					
	F OPERATION TAUSING		WHICH OPERATION	20A. AUTOPSY? Key or	No) 208. IF YES, WERE	FINDINGS CON	SIDERED
19A. DATE O	WAS PER		WHICH OFERATION	20A. AUTOPST! Pleas of	IN CERTIFYING CA	USES OF DEATH	H? 6/01
OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF	21 B	ne, form, foctory, street, of	or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimore	e City, give exoc	ct (Scotion)
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID II	NILLBY OCCUP?		
S 01 11100K1			nile At Not Whil		NJOKI OCCOK.		
(APPROX)		Wo			ca 1.	. 1	/ ^
22. I certify	y that (1) (this hospita	l) attended t	he deceased fram	ANUARY 3	19 0 ta A)	NUMMY	6 19 08
that (I) (we) last saw the decease	d alive an	JANUARY.	4 19 68 and	that in (my) (aur) api	nian death ac	curred an the da
		ted abave. (l) (We) (did) (did nat) v	iew the body after death	h.		
23A. SIGNAT	URE	1/ ./	0			23B. DATE SIG	NED
	Juple V	15 /	M.D. Atte	nding Med. Director	Stoff Phys.	1-6.	-68
23C. PHYSICI	AN'S Typel Typel Typel	NA	· /	FORMULIA	SQUANTE	5 1/0	SPI TOT
4A. BURIAL CRI	EMATION, 24B. DATE	24C N	AME of CEMETERY or CRE	MATORY	LOCATION (C	ity, town, or cour	nty) (Stote)
REMOVAL	(Specify)						
Buria			udon Park Ce		altimore, N		
SA. DATE REC'E	D BY HEACTH DEPTOS	258. NAME	OF REGISTRAR DELETA	25C. FUNERAL DIRECT	OR	A	DDRESS
	1000	Moral	C, Valueura	warters F	uneral Home	e Pratt	&Stricke
S 150-REV. 1/1/	/65	-					Sts.



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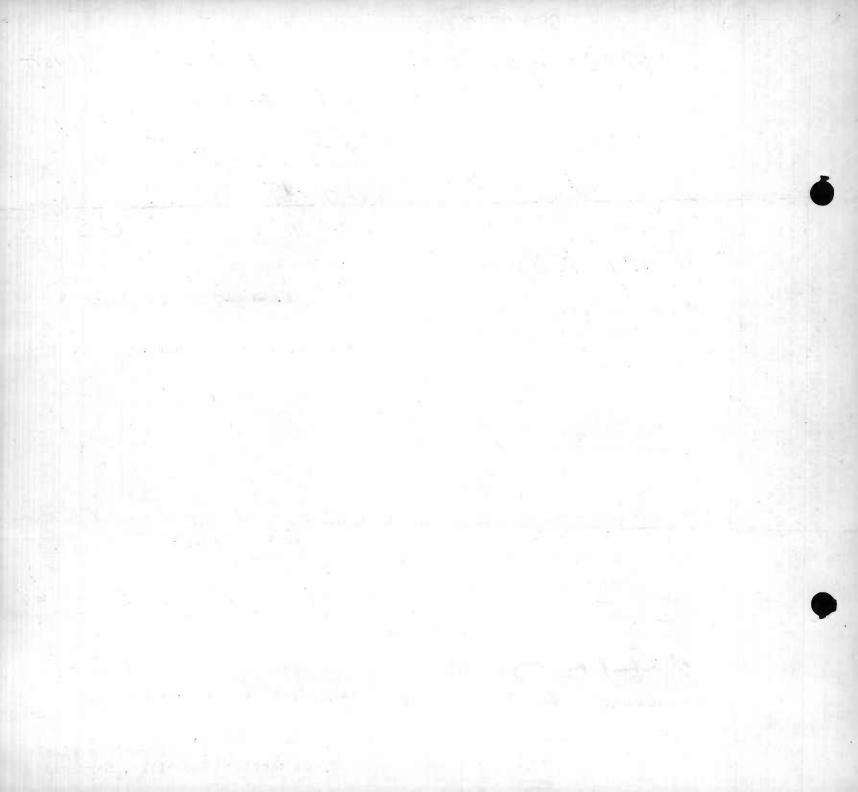
VS 151-REV. 1/1/68

BIRTH NO.	14	ILDICAL	LAAMIINEK 3	LKIIIICAII	COLDIAI	REG. NO.			
I. NAME OF DE	CEASED				n Month	Doy	Yeor	Hour	A 1 6
	JOSEPH LTIMORE, MARYLAN	ND WHERE DR	JOHNSON	OF DEATH Estim	oted 🛭 Janua		1968	9:50	A. M.
				PRONOUNCED D	Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR	LOCATION)	TUTION, GIVE STREET	5. USUAL RESIDENCE	Janu	,	1968	9:50	A.M.
	8 N. Carey		(DOA)	A. STATE Mary	land	B. COUNTY			2
6. SEX	7. RACE	B. MARRI	ED NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CI	TY LIMITS?	1)	1
male	Negro	WIDOW	ED DIVORCED	Baltimore		Y	ES K	10	
9. DATE OF BIRT	lost b	GE (In years pirthdoy)45?	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	E. STREET AND NU	MBER		10	1	
1/28/19	/				Carey Stree	t	1		
11. BIRTHPLACE	State or foreign cour	ntry)	2. CITIZEN OF	13. FATHER'S NAME					
Kent Co	unty, Mar	yland	U.S.A.	Arthur	Johnson				
14A.USUAL OCCI		f work 14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIL	DEN NAME				
Labor	working me, even me	Vari	0118	Adel Bai	lev				
16. WAS DECEAS	SED EVER IN U.S. A	RMED FORCES?	17. SOCIAL	18. INFORMANT		A	DDRESS 3]	2 N.	
No	iji(ir yes, give wor or	dotes of service)	SECURITY NO.	Mrs.Adel	Johnson		ge Ave		steptou
19. // /	5 0		CAUSE OF DEA		O O I II I O O I I		APPI	ROXIMATE IN	TERVAL
77			Arterio	osclerotic C	Cardiovascu	lar Dise		EN ONSET A	4D DEATH
DISEAS	SE OR CONDITION LEADING TO DEAT								
(This does	not meon the mode	of dying, e.g.,	(A)IMMEDIATE O	AS A CONSEQUENCE C)F:				
	e, osthenio, etc. It med mplication which cous						200		
					E41		- 10 10		
	NTECEDENT CAUS		(B)	AS A CONSEQUENCE	^ r				
RISE TO TH	E ABOVE CAUSE (A	A) STATING THE	DUE TO, OR	AS A CONSEQUENCE	OF:				
Z UNDERLYI	NG CONDITION L	AST.	(c)		·	~~~~~			~~~~~
OTHER SIGN TO THE DE DISEASE O DATE O	П								-
OTHER SIGI	NIFICANT CONDITIO								
DISEASE O	R CONDITION GIVEN	IN PART 1 (A).	**********						
20A. DATE O	F OPERATION 20B.	CONDITION	OR WHICH OPERATION WA	AS PERFORMED		-1111	21. AUTOP	SY? (Yes o	r No)
90								No	
	NAL CAUSE WAS	2 h	2B. PLACE OF INJURY (e.g., ome, form, foctory, street, offic	in or obout 22C. WHE e bldg., etc.) INJURY C	RE DID (If in Boltimo	re City, give exc	oct locotion)		
¥ UTING L CA	(Month) (Doy)	(Yeor) (Hour)	22E.INJURY OCCURRED	225 404	V DID INJURY OCC	LIDO			
OF INJURY (APPROX.)	(Month) (Doy)		WHILE AT NOT	WHILE WHILE	A DID HAJORA OCC	OK?			
23.			ZI	OKK 🔲					
l cer	tify that I held or	n Inquiry	Inspection 🗴 Au	topsy ond t	hot on this bosis,	deoth in my	opinion		
resu	ted from: Naturo	l couses X	Accident Suicio	de Homicide	Undetermi	ned monner			
)	1			EDICAL EXAMINER				
ACTUAL SIGNAT		ch-	2000 MID	ASSISTANT M	MEDICAL EXAMINER	X	1	DATE SIGN	1ED
EXAMIN NAME (Liamo	r U. Spi	tz M.D.	ASSOCIATE M	EDICAL EXAMINER		1-	2-68	
24A. BURIAL CRE	MATION, 24B. DA	ATE	240 NAME of CEMETERY	or CREMATORY	24D. LOCATION	(City, tow	n, or county)	(Stot	e)
Burial	1/6	/68	Janes Cemet	ery	Kent C	ounty,	Maryla	nd	
25A. DATE REC'D	BY HEALTH DEPT.	25B. NA	ME OF REGISTRAR	25C. FUNERAL		Α	DDRESS		= 1
			A Z. D. MA	100	1111, 20	- 10	1007	Tural	W d



VS 150-REV, 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

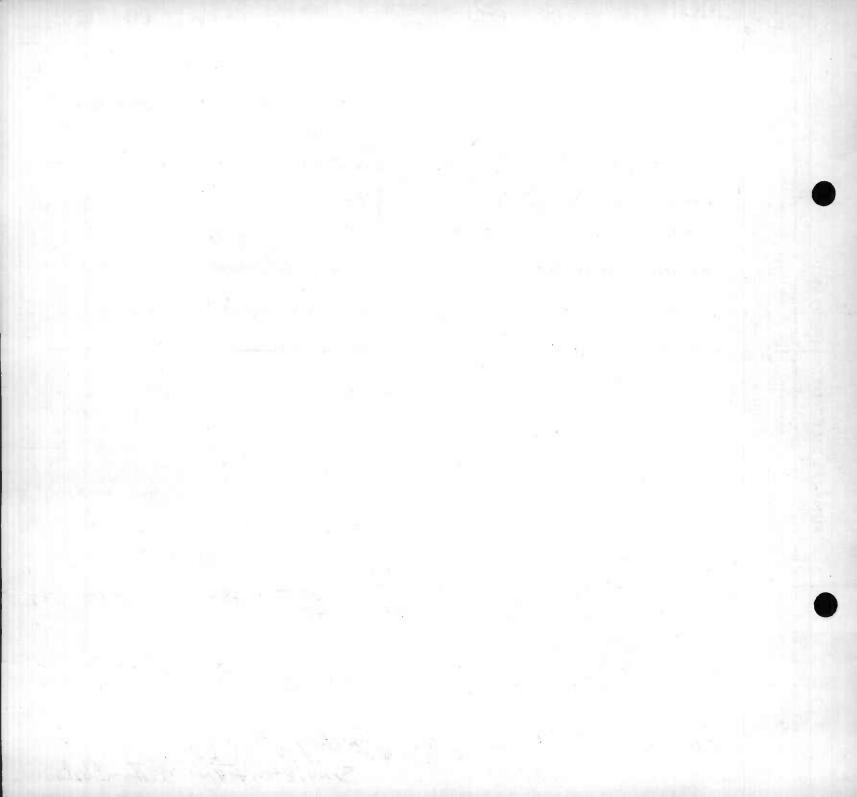


1 -	- 2	5	-
	f death occurred in a hospital and	t) Undetermined cause; (5) Deceased was in regular attendance on the	the deceased prior to death. Such
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
	This certificate must be approved by the body was released to the hospir	shows: (1) An accident of any nature was D.O.A. at a hospital (except w	deceased prior to death); and (6) P

68		HEALTH DEPARTMENT		CO DOM
	CERTIFICA	TE OF DEATH	REG. NO	68 0241
BIRTH NO.		2. DATE AND	HOUR OF DEATH	
Type or Print)	MAY LUCAS		- 68	
B. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD		deceased lived. If in	stitution: residence before admission
ULL NAME OF (IF NOT IN HOSPITA	L OR INSTITUTION, GIVE STREET	MARYLAND		0-11
OSPITAL OR ADDRESS OR LOCAT	TION)	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
1700 E. PRAT	7 ST.	BALTIMOR	E	YES NO NO
0//00/2		E. STREET AND NUMBER	PRATT S	7
SEX 6. RACE 7	/ ********		. AGE (In years	1
E W	MARRIED NEVER MARRIED DIVORCED DIVORCED		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min,
OA, USUAL OCCUPATION (Give kind of work)			n country)	12. CITIZEN OF WHAT COUNTR
lone during most of working life, even if retired)	Home	1/10000		U. S. A.
HOUSEWIFE 3. FATHER'S NAME	Home	14. MOTHER'S MAIDEN NAM		0.3.77.
- KODGER.		VARAH		
5. Was Deceased Ever in U. S. Armed Force Yes, no or unknown) (If yes, give war or dates		17. INFORMANT	+ 111111	ADDRESS
No	_	Mrs. Nate E. Wei	女-61411.	Mongaci co.
18.4/2.9	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRE	CTLY	//	11	DET WEEN ONSET AND DEAT
LEADING TO DEATH	(A)IMMEDIATE CAI	HRYERIDECIRENT	TIC HEADT	DSENE 10415.
(This does not meon the made of	dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF:	7	
heast failuse, asthenia, etc. It means to injury ar complication which caused a				0
ANTECEDENT CAUSES				
	(B)			•••••
DISEASES OR CONDITIONS, if a	.,, 9,,,,,,	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)			
420,0 11				
OTHER SIGNIFICANT CONDITIONS CONDITIONS TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	E TERMINAL 1 (A).			
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	E TERMINAL 1 (A). DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 194. DATE OF OPERATION 198. COND WAS PERFO	E TERMINAL 1 (A). 1) INDITION FOR WHICH OPERATION DRMED		IN CERTIFYING CA	USES OF DEATH?
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3 3 The fact many from the

00 0	BALTIMORE CITY	HEALTH DEPARTMENT	1/	CO 0949
	242 CERTIFICA	TE OF DEATH	REG. NO	68 0242
I, NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print)	2.1-V:		-7	. 24 -
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Where	e eceosed lived. If	institution; residence before admission)
		A. STATE B. COUN'	TY	110
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Maryhand	Anne	ARundel
NSTITUTION		C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?
43		Millersville	ϵ	YES NO
7 11 011 A 1/11	1.1	E. STREET AND NUMBER	10	32-90
SOUTH GALTO. GENT. HE	OSPITA		OAD (BO)	(217-K+ 2
SEX 6. RACE 7. MARI	NEVER MARRIED	8. DATE OF BIRTH	ost birthdoxy	Months Days Hours Min.
temale white WIDO		9 Aug 1889	18	
OA. USUAL OCCUPATION (Give kind of work 10B, KIN one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY
	UN-Home	Ralto M	suchand	ell-5.12
B. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	TE /	
Touch miste		michan		
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	WN	ADDRESS
(es, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	1	1	· Similar
NO _			dezese	aski sty
18.5-80XI	CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH	(A) IMMEDIATE CAL		۵	6 days
(This does not mean the made of dying, heart failure, asthenia, etc. II means the disc		A CONSEQUENCE OF:		
injury ar camplication which caused death.)				
ANTECEDENT CAUSES	(B) Acute	Renal Failur	e in last.	staces
DISEASES OR CONDITIONS, if any, gi	3	A CONSEQUENCE OF:		
rise to the above cause (A) stating UNDERLYING CONDITION last,	(c)			
593X II	(0)	-		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL			
19A. DATE OF OPERATION 19B. CONDITION I	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
			III OZKII III O	
OR CONTRIBUTION COLOR	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If In Baltima	are City, give exact location)
DEATH (notify medical examinar)	etc.)			
21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Not While	e C		
	Work LJ At Work		. / e/	1 /- 1-
22. I certify that (1) (this haspital) attend	, / .		9 <u>6 8</u> to	
that (I) (we) lost saw the deceased alive	on	19 <u> </u>	t in (my) (our) op	Inian death accurred on the dat
and haur and from the causes stated above	e. (1) (We) (did) (did not) v	riew the body ofter deoth.		
23A. SIGNATURE	/			23B. DATE SIGNED
John albert wigh	Dhy	onding Med. Director	Staff Phys.	JAN 7, 1968
Z3C. HYSICIAN'S	DEGREE	23D. ADDRESS		
NAME IType)				
A. BURIAL CREMATION 124R DATE 124	C. NAME of CEMETERY OF CR	FMATORY 1240 LC	CATION (C	City, town, or county) (State)
A. BURIAL CREMATION, 24B. DATE 24	. / A	1 / 240. 10	1:1	ony, lowin, or cooliny) (stole)
Surial 1/19/68,	40/4 (ROSS (emetery Di	LOUPEUN	12/10. M.G.
SA. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Kentper	are ADDRESS
JAN 9 1968 R. C.	E. TOURUNA	Sugreton	FUNELA	Almi Gler Dyrace
			A STATE OF THE STA	

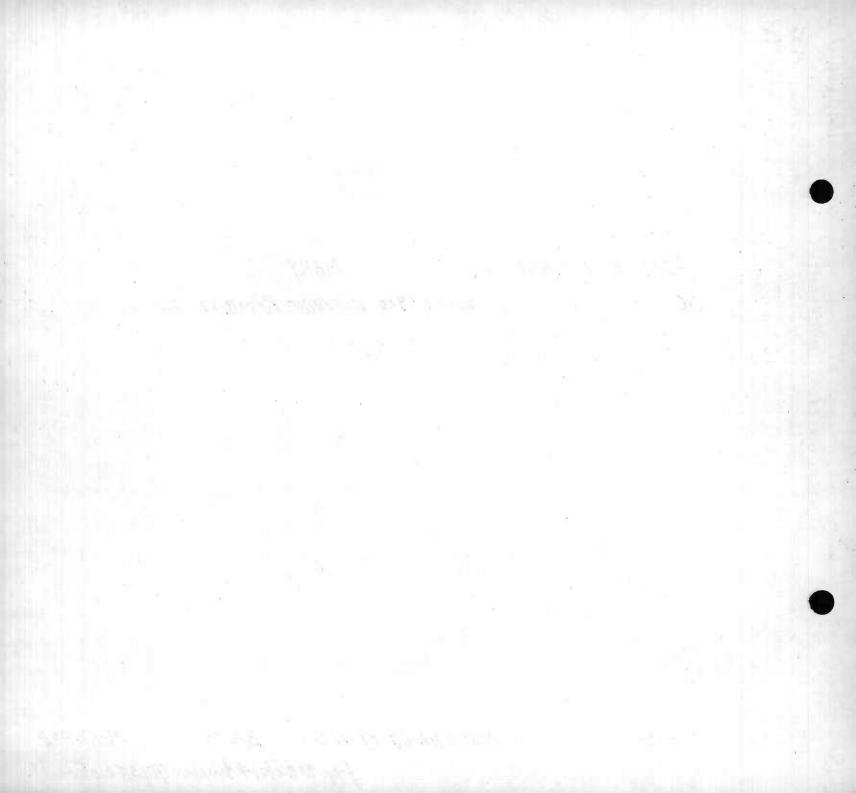


C'U (I') A'	RECATE OF DEATH REG NO. 68 0243
68 0243 CERTIF	FICATE OF DEATH REG. NO. 100 0240
BIRTH NO.	2. DATE AND HOUR OF DEATH
(Type or Print)	
WATKINS, Charles Monroe	1/4/68 7:20
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE Where deceosed lived, If institution; residence before od A. STATE B. COUNTY
FULL NAME OF THE NOT IN HOSPITAL OR INSTITUTION GIVE STRE	Maryland 7-01
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREINSTITUTION ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Veterans Administration Hospit	
1 3 3900 Loch Raven Boulevard	E. STREET AND NUMBER
Baltimore, Maryland 21218	1125 E. North Avenue
MARKIED IN INEVER MARKI	lost birthday Months Doys Hours
Male Negro WIDOWED DIVORCE	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN I	
Clerk	Baltimore, Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Watkins	Rita Connor
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) Ill yes, give war or dotes of service) 16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
The state of the s	374 VA Hosp. Records, Baltimore, Md 21218
Yes 9/20/51 - 9/10/54 212-22-0 18.4 7 7 9 1 CAUSE OF	
0///	BETWEEN ONSET AN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Constant language
(A) IMMEDIA	ATE CAUSE Cardiac Arrest 35 min
heart foilure, asthenia, etc. It means the disease,	OK AS A CONSEQUENCE OF:
injuly of complication which coused death.)	
ANTECEDENT CAUSES (B) Hy	poxia 5 days
DISEASES OR CONDITIONS, if ony, giving DUE TO,	OR AS A CONSEQUENCE OF:
rise to the abave couse (A) stating the UNDERLYING CONDITION lost.	lmonary Infection and Atelectasis 5 days
(5/************************************	
z 387,2 II	eatic Ascites
E TO THE DEATH BUT NOT RELATED TO THE TERMINAL	egoto Vactoca
	N 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
12/27/67 Pancreatic Ascites U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUR	Y (e.g., in or obout 21 C. WHERE DID (If In Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, s	Y (e.g., in or obout 21 C. WHERE DID (If In Boltimore City, give exact location) treet, office bldg., INJURY OCCUR?
U	
OF INJURY (Month) (Doy) (Year) I Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
≥ (ABBOOK)	ot While
	7 7 141
22. I certify that (1) (this haspital) attended the deceased from	
that (1) (we) last sow the deceased alive an January	
and haur and from the causes stated above. () (We) (did) (fig	hot view the body after death.
23A. SIGNATURE	23B, DATE SIGNED
	Attending Med. Stoff Phys. 1/5/68
Landand Wumarker	(65)
Gordond Nunagy ODEGR	23D. ADDRESS
Jordon Munay ODEGR 23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS VA Hospital
	OEGREE 3900 Loch Raven Blvd., Balto., Md. 21218
GORDON F. MURRAY 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	oegree 3900 Loch Raven Blvd., Balto., Md.21218
PAME (Type) GORDON F. MURRAY 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL ISpecify)	OEGREE 3900 Loch Raven Blvd., Balto., Md.21218 OF CREMATORY 24D. LOCATION (City, town, or county)
GORDON F. MURRAY 74.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL Specify)	OEGREE 3900 Loch Raven Blvd., Balto., Md.21218 OF CREMATORY 24D. LOCATION (City, town, or county)

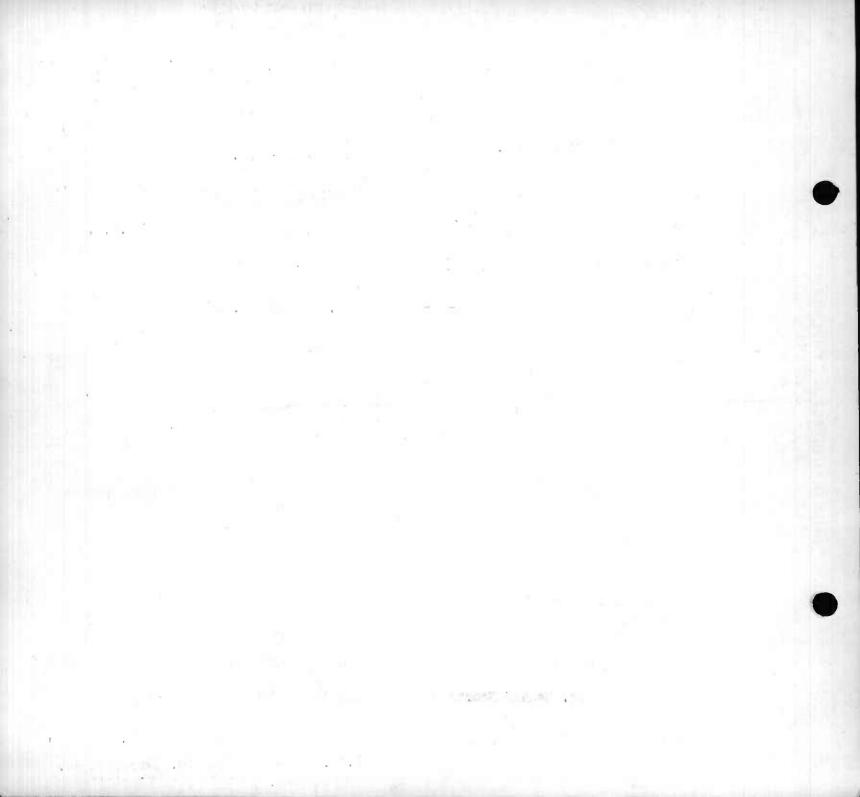
Burnel 1-8-68 Both Noticem. But Mad

MISS MUNICIPAL PLANT MANER

00 0	O A A	HEALTH DEPARTMENT		68 0244
	244 CERTIFICA	TE OF DEATH	REG. NO	00 0244
I. NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print) JOHN LEGGIN			1102	m i
3. PLACE IN BALTIMORE, MARYLAND, WHERE I	- Contract	4. USUAL RESIDENCE (Where		stitution: residence before odmission)
or and the original and	NOTICE STATE	A. STATE B. COUNT	ry	21/
FULL NAME OF HE NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	MD. BAL	TIMORE	1204
HOSPITAL OR ADDRESS OR LOCATION)		C CITY OR TOWN	D. INSI	DE CITY LIMITS?
		BALTMORE		YES NO
& UNIVERSITY HOSEI	TOI	E. STREET AND NUMBER	0	
a constant (1001)		121 N. ANN	ST.	
S. SEX 6. BACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	AGE (In years ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
MALE CAUC, WID	OWED DIVORCED	3/23/11	56	Nomins Doys Hours Will.
OA. USUAL OCCUPATION (Give kind of work 10B. KI	IND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)		Massis		U.S.
KETIRED		MARYLAND		۵.5.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .	
EFORGE IFICIN		MARY		
5. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of se	SECURITY NO.			
110	2/3-07-3900		13152 210	S.C.HESTER ST
18.	CAUSE OF DEAT	Н // // //		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Antenias	CLEROTIC (ARDIO	OVASCULAR	
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE		
(This does not mean the mode of dying heart failure, asthenia, etc. It means the di		A CONSEQUENCE OF:	3 EF13 E	
injury or complication which coused death.		- 1		
ANTECEDENT CAUSES	COCE	Par Hemana	06.5	2 Dave
DISEASES OR CONDITIONS, if ony	giving DUE TO, OR AS	A CONSEQUENCE OF:	170.2	2 2/172
rise to the obove couse (A) stotin				
UNDERLYING CONDITION lost.	(c)			
_ 422./				
O THE SIGNIFICANT CONDITIONS CONTRIBL				
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	MINAL			
198. CONDITION WAS PERFORME		20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
ERT	_	No		
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimor	e City, give exact location)
DEATH (notify medical examiner)	etc.)			
O 21 D. TIME (Month) (Doy) (Year) (Hou	1) 21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
ØF INJURY (APPROX.)	While At Not While	e		
	Work LA1 Work		10	
22. I certify that (1) (this haspital) atte	nded the deceosed fram	1 (3	960 to tim	is a cleath 19
that (1) (we) lost sow the deceased aliv	e on U6	19 68 ond the	t in (my) (aur) opi	nion deoth occurred on the dot
and hour and fram the couses stated ab	ove (I) (We) (did) (did not)	iew the hody ofter death.		
23A. SIGNATURE	3, 1, 3, 1, 1, 1, 1			23B. PATI SIGNED
Maria Challan	A no Atte	anding Med.	Staff	
Francia . Francis	DEGREE Phy	s. Director L	Phys.	1668
23C. PHYSICIAN'S NAME (Type)	A	23D. ADDRESS		
MARCIA C. JCHMIDT	- IM.D.	UNUERSITY HO	USILITAL F	DALTO MD.
24A. BURIAL CREMATION. 24B. DATE	24C. NAME of CEMETERY OF CR			ty, town, or county) (State)
REMOVAL (Specify)		- 1 - 1 n	A /	MARVIANA
DUKIAL 1/10/10	SACKED HEART U	FUESUS BI	4670	MAKYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. N	A COMPANY AND ADDRESS OF THE PARTY OF THE PA	25C. FUNERAL DIRECTOR	0	ADDRESS
JAN 9 1968 (P.O. 6	2, Failer MA	John Malehor	Ksone Nove 4	DISCheater At
VS 150-REV. 1/1/6B				



IRTH NO.	EASED				2. DA	is mile ileon o	DEATH		
Type or Print)	Fro	ink C	Capone		J	anuary 4,	1968		6
3. PLACE IN BAI				CED DEAD	4. USUAL RESIDENCE	(Where deceased	lived. If in	stitution; resid	ence be
FULL NAME OF	(IE NOT II	N HOSPITAL C	OR INSTITUT	ON CIVE STREET	Maryland				0.
HOSPITAL OR	ADDRESS	OR LOCATION	N)	ON, GIVE STREET	C. CITY OR TOWN		D. INSI	IDE CITY LIMP	534
					Baltimore			YES X	NO
50	513 Ha	rrwood A	ive.		513 Harwood	d Ave.			
5. SEX	6. RACE	7. A	MARRIED X	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In lost birthdoy		If Under 1 Months! Do	
М	U		IDOWED	DIVORCED	5/24/1893	74	A	9	
OA. USUAL OCC			KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLA CE (Stote of	or foreign country)		12. CITIZEN	OF W
Tailo			Clothi	ng	Naples, Ita	rly		u.s.	A.
3. FATHER'S NA	ME				14. MOTHER'S MAIDER	The same of the sa			
Nicola	Capone				Vincenza Z	ita			
5. Was Deceased	Ever in U. S. /	Armed Forces?	1	6. SOCIAL	17. INFORMANT			AD	DRESS
Yes, no or unknown	(If yes, give w	or or dotes of		SECURITY NO.					
No			2	14-01-6755	Mrs. Marga	ret E. Caj	pone	(Same)	DDBOY
18/5 3	SE OR CONDI			CAUSE OF DEAT	п				PPROXI
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IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

MULTE MINEY HOUSE ARTHUR PERSON REGISSALAND DATES STORES halonounany Sec. 5 1 20 FRONCE MD UNION

1. NAME OF D (Type or Print)					AND HOUR OF DE		
	FABY,	EDWARD			ANUARY 6,		4
3. PLACE IN B	ALTIMORE, MARYLA	ND, WHERE PROI	NOUNCED DEAD	4. USUAL RESIDENCE (A. STATE B. C			nce befo
FULL NAME C	F (IF NOT IN H	OSPITAL OR INS	STITUTION, GIVE STREET	MARYLAND	212	226	dian
HOSPITAL OR				C. CITY OR TOWN		INSIDE CITY LIMIT	53
Un	CATON &	S HOSPIT		BALTIMOR E. STREET AND NUMBE		YES	NO
70	PALTIMO	DE MARY	YLAND 21229		RHAVEN AVI	E.	
5. SEX	6. RACE		ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1)	r. , If I
MALE	WHITE	WIDOW	<u> </u>	12-23-15	las 5 by th doy	Manths Day	s Hau
			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN	OF WH
	of working life, even if r FENDER	erired)		MARYLAND		U	. s.
13. FATHER'S N				14. MOTHER'S MAIDEN	NAME		
FRAI	NK FABY			MARY BUNK	FABY		
15. Was Deceas	ed Ever in U. S. Arm	red Forces?	1 6. SOCIAL	17. INFORMANT			DRESS
	whilit yes, give wor	or dotes of servic	213-01 -457	6 ST. AGNE	S HOSPITA	L WILKEN	S &
18.			CAUSE OF DEAT	H		1 AP	PROXIMA
DISE	ASE OR CONDITIO	N DIRECTLY	FULMON	ARY THROM	BOEMBOLI	,	
3.00	LEADING TO D				MASSIVE, A	A. WTE	
(This does			(A) IMMEDIATE CAL	A CONSEQUENCE OF:	IN LISTAR L	10016	
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DISEASES rise la UNDERLYI OTHER SIGNITION TO THE DE DISEASE OF 19A. DATE 21A. ACCII 21A. ACCII OF INJURY (APPROX.) 22. I certith that (X (ward haur of 23A. SIGNA 23C. PHYSIC	e, asthenia, etc. II omplication which and antecedent CANTECEDENT CANTECEDENT CANTELLANG CONDITION IN INTELLANG CONDITION GIVEN OF OPERATION 198 WAS UNDERLY BUTTING CAUSE Chify medical examiner) (Manth) (Day) fy that () (this hoe) last saw the defined from the cause of the cause Cantellang CANTELLANG CANTELLANG CANTELLANG CAUSE CANTELLANG CANTELLAN	means the disea aused death.) AUSES i, if any, givi (A) stating ist. AS CONTRIBUTIND TO THE TERMINI IN PART 1 (A). B. CONDITION FOR THE TERMINI IN PART 1 (A). CONDITION FOR THE TERMINI IN PART 1 (A). CONDITION FOR THE TERMINI IN PART 1 (A). S. STATE DEATE 24C	ing DUE TO, OR AS the (C)	20A. AUTOPSY? (Yes of in or obout 21C. WHERE DID in Street Bloom in Street Blo	INJURY OCCUR? 19 67 to J d that In (mXX aur) 19 hys. HOSPITAL W D. LOCATION	ANUARY 6 apinian death a	gned (GNED CA'
DISEASES rise la UNDERLYI OTHER SIGN TO THE DE DISEASE OF 19A. DATE 21A. ACCII OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.) 22. I certi that (X (w and haur 23A. SIGNA 23C. PHYSIC NAME 24A. BURFAL C REMOVAL	e, asthenia, etc. II omplication which a MTECEDENT CANTECEDENT CANTECEDENT CANTECEDENT CANTECEDENT CONDITION IN CONDITION IN CONDITION GIVEN CONDITION GIVEN CONDITION GIVEN CONDITION GIVEN (Manth) (Day) Type that (X (this hoe) last saw the deand from the cause of Jure Canteced Can	means the disea aused death.) AUSES i, if any, givi (A) stating ist. AS CONTRIBUTING D TO THE TERMINI IN PART 1 (A). B. CONDITION FOR AS PERFORMED (Year) (Hour) ceased alive a consisted abave as stated abave ATE 240	ing (B) DUE TO, OR AS the (C)	20A. AUTOPSY? (Yes of in or obout 21C. WHERE DID in Street Bloom in Street Blo	INJURY OCCUR? 19 67 ta J d that In (mx) (aur) ith. Staff Phys. HOSPITAL W D. LOCATION Ba / to 2/2	ANUARY 6 apinian death a	GNED CA

PARTY, ELWINE, ULEEP LANCE, AND A LOCAL

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YEAR DATE THE

ENTAG : ST. ASHES NOSSITAL ALLSENT : DATES

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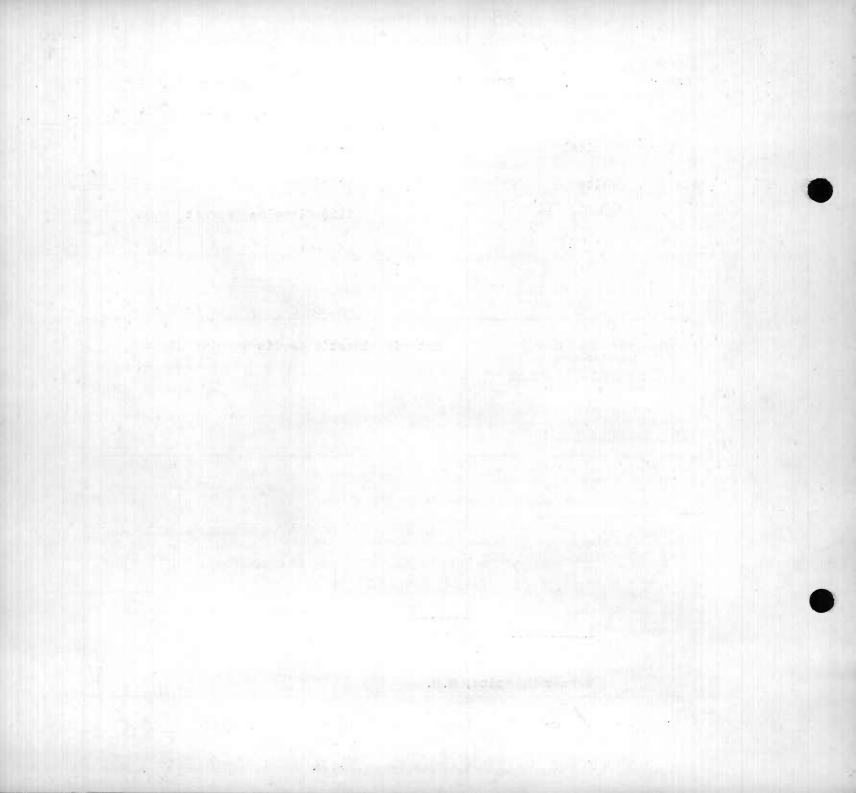
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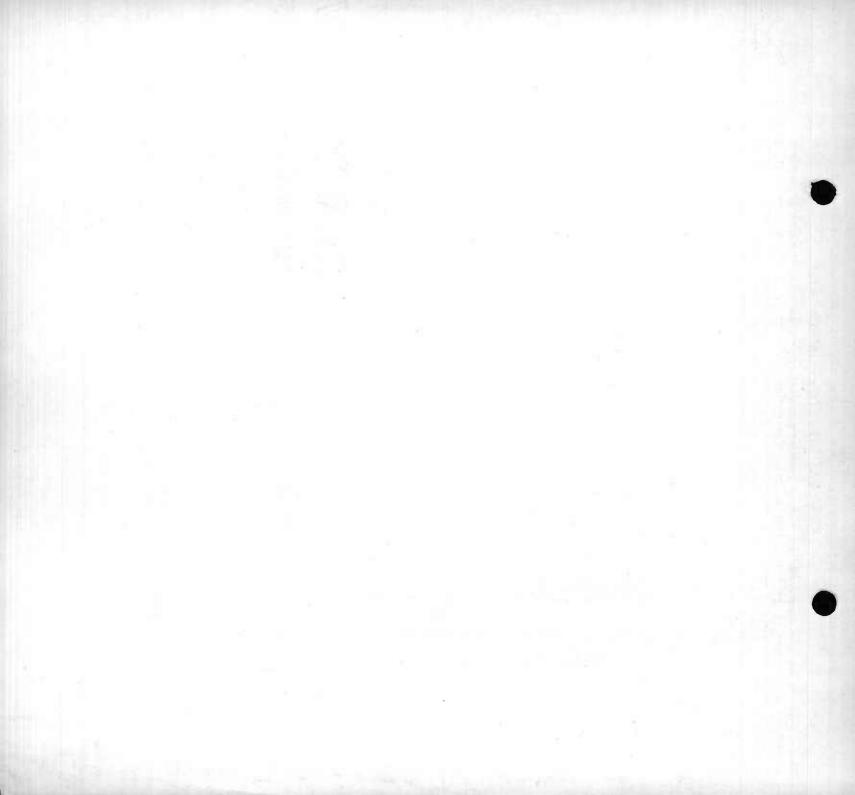
38 0248 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH.

- 20	68	0248
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BIF	RTH NO.	CLI	KIIIIC	AILOI	PLAIII	REG. NO		
	NAME OF DECEASED	2.	DATE	Known X	Manth	Day	Year	Hour
	°RÖBERT E. FITZBERGER		OF DEATH	Estimoted	January	8,	1968	4:30 P.M.
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3.	DATE	NCED DEAD	Month	Doy	Yeor	Hour
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SISPITAL ADDRESS OR LOCATION) LINSTITUTION	5			January		1968	4:30 Pm.
3	Mercy Hospital	A.	STATE Maryl	and		COUNTY	residence) - 02
6.	SEX 7. RACE B. MARRIED NEVER MARRIE	C.	CITY OR T	OWN	D	. INSIDE CIT	Y LIMITS!	Also I
1	Male White WIDOWED DIVORCE		Balt	imore		YE	s 🗓	NO 🗆
9. [DATE OF BIRTH 10. AGE (In years Manths, Days, Hours 63	Hrs. E.			ınd Stree	t		
11.	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13.	EATHER'S		iT		da	1051
	A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INT	ISTRY 15.	MOTHER'	S MAIDEN NA	ME		1)	The same of the sa
dan	reduring most of working life, even if retired)		Mr	hour				U
16.	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY (N	1B=	INFORM	ANT	10	/AD	DRESS	N
1.0	Second of doles of service)		Hou	the	11.1	while	ush	-lan
	19.4 1291 CAUSE O	DEATH		7	~	1		PPROXIMATE INTERVAL
		ioscl	leroti	c Cardio	vascular	Disea	se	
	LEADING TO DEATH (This does not mean the made of dylng, e.g., DIFT	ATE CAUS	SE	ENIOS OF	************			
	heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)	OK AS A	CONSEQU	ENCE OF:				
CERTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	OR AS A	a conseq	UENCE OF:				
FIC	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
ERT	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS P	PERFORME	D		-	21. AUTO	OPSY? (Yes ar No)
							N	o
EDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH. 22B. PLACE OF INJUR hame, form, foctory, stre	e.g., in o , office bld	dg., etc.) IN	JURY OCCUR?	(If in Baltimare (City, give exac	t lacatian)	
Σ	22D. TIME (Manth) (Day) (Year) (Haur) 22E.TNJURY OCCU OF INJURY WHILE AT	NOT WHI	ILE	F. HOW DID II	NJURY OCCUR?			
	23.	AT WORK						
	I certify that I held on Inquiry Inspection X	Autops	_		this bosis, de			
	resulted from: Notural causes Acciden	uicide L		nicide	Undetermine		_}	
	ACTUAL ALLA CONTRACTOR			TANT MEDICAL	EXAMINER Z			DATE SIGNED
	SIGNATURE WWW.	M.D.			_	3		1/9/68
L	MAME (Type) Werner U. Spitz, P.D.			CIATE MEDICAL				
RE	A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEM	ERY or C	CREMATOR	240	LOCATION	(City, fawn,	, or caunty	(State)
28	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR		25C_E	JNERAL DIREC	TOR	O AL	DDRESS-	
	JAN 1 0 1968 P. C. F. S. Jan.	LI)	1	In 9-1	Buren	Han	die	- 1
			-	1		1 13 1	1	7/1/





B-622

68 0250 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	C KB	EDICA	L EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	68	0250
1. NAME OF DI				2. DATE	Known 🔀	Month	Doy	Yeor	Hour
(Type or Print)	KATHE	RINE B	ROCZKOWSKI	OF DEATH	Estimoted	1	7	68	9:30 A M.
4. PLACE IN BA			PRONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HO ADDRESS OR L	SPITAL OR IN	STITUTION, GIVE STREET		UNCED DEAD	1	7	68	9:30 A M
00	1519 Sher	wood A	venue	A. STATE	esidence (Where faryland	e deceased II	B. COUNTY Balti		petore odmission)
6. SEX	7. RACE		RIED NEVER MARRIED	C. CITY OF			D. INSIDE C		- 00
Female	White		WED A DIVORCED	1 1	altimore			ES X	NO 🗆
9. DATE OF BIR	TH 10.AC	E (In years	If Under 1 Yr. if Under 24 Hr:	E. STREET	AND NUMBER		1	E3 LAI	NO L
11-25	-87	thdoy) 85	Months, Doys, Hours, Mir		519 Sherw	A book	renue, B	altimo	re 21212
0	(State or foreign count	ry)	WHAT COUNTRY?	13. FATHER	OMAS	Gu	Tows	SKI	
14A.USUAL OCC	UPATION (Give kind of		D OF BUSINESS OR INDUST	RY 15. MOTHE	R'S MAIDEN NA	ME,	1000.	3111	
2 4	fworking life, even if reti SEWIFE	8 4	OME	AN	NA RO	Jou	ICKI		
16. WAS DECEA	SED EVER IN U.S. AR	MED FORC	ES? 17. SOCIAL	1B. INFOR		JOU	A	DDRESS	
	n) (If yes, give wor or d	otes of servi	315 54 -260	LIELEN	WIETRE	VKo	, 11	519 SH	IERWOOD AL
No.			CAUSE OF DE		WIETH	- / Now	12121		PROXIMATE INTERVAL
41.	2.71							BETW	EEN ONSET AND DEATH
DISEA	SE OR CONDITION		Arterio	scleroti	c cardiou	rascula	r disea	se	
(This does	not mean the mode		(A)IMMEDIATE	CAUSE					
heart failu	re, osthenio, etc. It mea	is the diseose		AS A CONSEC	UENCE OF:				
Injury or co	omplication which cause	a ae om. j							
DISEASES RISE TO TI	ANTECEDENT CAUSE OR CONDITIONS, IF HE ABOVE CAUSE (A)	ANY, GIVIN STATING TH		R AS A CONSE	QUENCE OF:	na magazaki ifin ifi ancais magazaki ipa ipa ipa-			
ZUNDERLY	ING CONDITION LA	ST.	(c)						
OTHER SIGN TO THE DISEASE OF TOTHER DISEASE OF T	/ 11								
OTHER SIG	NIFICANT CONDITION								
DISEASE C	R CONDITION GIVEN								
20A. DATE	OF OPERATION 20B.	CONDITIO	FOR WHICH OPERATION V	WAS PERFORM	NED			21. AUTO	PSY? (Yes or No)
0 0									No
()	RNAL CAUSE WAS		22B. PLACE OF INJURY (e.g. home, form, foctory, street, off	ice bldg. etc.)	2C. WHERE DID	(If in Boltimo	re City, give ex	oct locotion)	NO
	AUSE OF DEATH.								
≥ 22D. TIME OF INJURY	(Month) (Doy)	(Yeor) (Ho	our) 22E.INJURY OCCURRED		2F. HOW DID IN	JURY OCC	UR?		
(APPROX.)				WORK					
23.									
I ce	rtify that I held on	Inquiry	Inspection XX A	utopsy	ond that on t	his bosis,	death in my	opinion	
resu	Ited from: Natural	causes X	Accident Suic	ide H	omicIde 🗌	Undetermi	ned manner		
	110		1 6		CHIEF MEDICAL I				
ACTUA		MB	h 7 m6	ASS	STANT MEDICAL I	EXAMINER	X		DATE SIGNED
SIGNA		11-1	W W	.D.					1-8-67
NAME		R U. S	PTTZ MAD	A550	CIATE MEDICAL I	EXAMINER			1 0 07
24A. BURIAL CR	EMATION, 24B. DA			Y or CREMATO	DRY 24D.	LOCATION	(City, tow	n, or county	(Stote)
REMOVAL (Spe	4 3 1/	1-17	11.0.0	^	Q	- 1+			0
Buria			How Mosar	y um	(A)	aller	non (10. n	N.W.
25A. DATE REC'	D BY HEALTH DEPT.		NAME OF REGISTRAR	25C.	FUNERAL DIRECT	OR	. 20	OT ECO	term ave
- (JAN I 0 1968	S Offe	ub E. Farkuns	W	m. tialk	owsk	W B	O ITE	ma 2123
VS 151-REV. 1/1/	6B	i							V

and the contract of the contract of

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68 0251 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 85 No 68 0251

BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Knawn Manth Day Year Haur
(Type or Print) JOSEPHINE L. GRAY	DEATH Estimated JANUARY 6, 1968 4:20 P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD January 6, 1968 4:20 P. M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission)
Apt. 8A 700 Park Avenue	A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED Female White	C. CITY OR TOWN D. INSIDE CITY LIMITS?
WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH H-28-1899 10. AGE (In years If Under 1 Yr. If Under 24 Hrs Manths Doys Haurs Min	700 Park Avenue Apt. 8A
Maryland 12. CITIZEN OF WHAT COUNTRY?	George Jubb
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	TS. MOTHER'S MAIDEN NAME
Christian Science Self-employed	Margaret Louise Heath
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknawn) (If yes, give war ar dates af service) SECURITY NO.	18. INFORMANT ADDRESS
212-40-0350	MELVIN GRAY-#2 RIGGS RD-SEXERNA
19. LL CAUSE OF DE	ATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Arterio	osclerotic Cardiovascular Disease
LEADING TO DEATH	CAUSE
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	AS A CONSEQUENCE OF:
ANITECED FAIL CAUSES	
	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION VI	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21, AUTOPSY? (Yes ar No)
8	No
	, in or about 22C. WHERE DID (If in Boltimare City, give exoct location)
UNDERLYING OR CONTRIB-	ice bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	
	22F. HOW DID INJURY OCCUR?
OF INJURY	T WHILE
OF INJURY	
OF INJURY (APPROX.) WHILE AT NO WORK AT	T WHILE WORK
OF INJURY (APPROX.) m. WHILE AT NO AT 23. I certify that I held on Inquiry Inspection A	while work ond that on this bosis, death in my opinion de Homicide Undetermined monner
OF INJURY (APPROX.) 23. I certify that I held on Inquiry Inspection Arresulted from: Natural causes X Accident Suici	utopsy ond that on this bosis, death In my opinion de Homicide Undetermined monner CHIEF MEDICAL EXAMINER
OF INJURY (APPROX.) 23. I certify that I held on Inquiry Inspection A Arresulted from: Natural causes X Accident Suici	T WHILE WORK utopsy ond that on this bosis, death In my opinion de Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED
OF INJURY (APPROX.) The second of the secon	T WHILE WORK utopsy ond that on this bosis, death In my opinion de Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED
OF INJURY (APPROX.) 23. I certify that I held on Inquiry Inspection Arresulted from: Natural causes X Accident Suici ACTUAL SIGNATURE EXAMINER: Werner U. Stitz, M.D. NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify)	T WHILE WORK utopsy ond that on this bosis, death In my opinion de Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 1-7-68
OF INJURY (APPROX.) I certify that I held on Inquiry Inspection Arresulted from: Natural causes X Accident Suici ACTUAL SIGNATURE EXAMINER'S Werner U. Still, M.D. NAME (Type)	T WHILE WORK utopsy ond that on this bosis, death In my opinion de Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 1-7-68 Tor CREMATORY 24D. LOCATION (City, tawn, or county) (State)
OF INJURY (APPROX.) 23. I certify that I held on Inquiry Inspection Arresulted from: Natural causes X Accident Suici ACTUAL SIGNATURE Werner U. Stitz, M.D. NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) Cremation 1/10/68 Loudon Pari 25A. Date REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	work ond that on this bosis, death In my opinion de Homicide Undetermined monner CHIEF MEDICAL EXAMINER D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER Tor CREMATORY 24D. LOCATION (City, tawn, or county) (State) Cometery Baltimore, Md.
OF INJURY (APPROX.) 23. I certify that I held on Inquiry Inspection A Accident Suici ACTUAL SIGNATURE EXAMINER'S Werner U. Stitz, M.D. NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) Cremation 1/10/68 Loudon Park	work ond that on this bosis, death in my opinion de Homicide Undetermined monner CHIEF MEDICAL EXAMINER D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER Tor CREMATORY 24D. LOCATION (City, tawn, or county) C Cemetery Baltimore, Md.

HOLLY IN EARLY HEAL PRISES NO - SON The same and all streets to be a selected to the same of the same

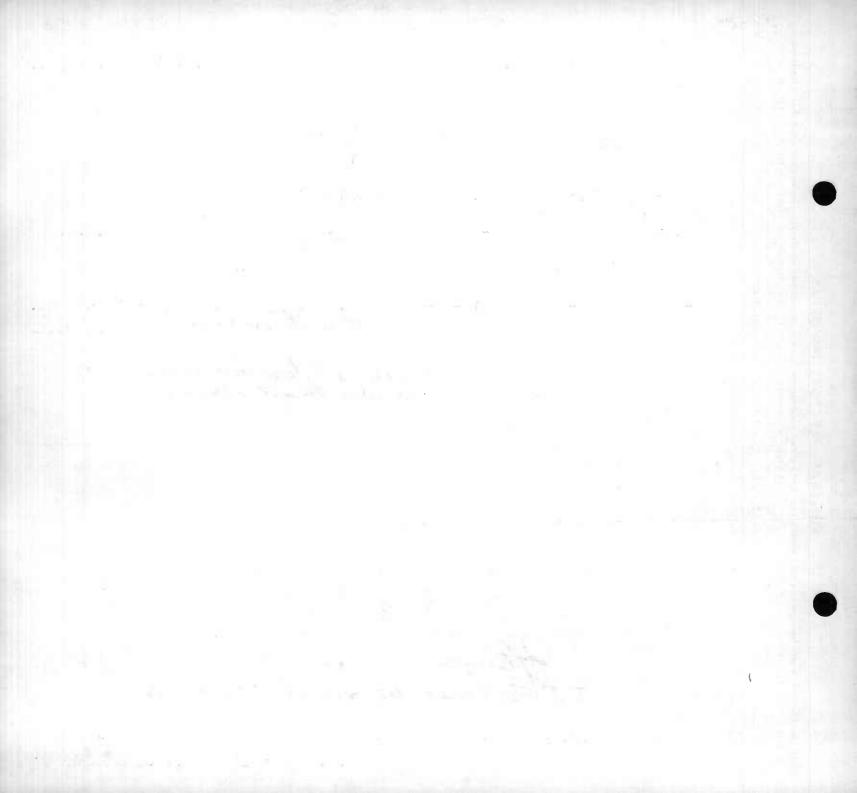
Dece on ath.	PLACE OF DEATH IN BALTIMORE, MARYLAND	I A. STATE B. COUT					
use; (5) rendan	FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give oddress or location)	/	(AN) AA (stide city limits, write RURAL and give township)				
prior	FRANKCIN SQUARE /	HOSPIJAL RT. #	rurol, give locotion) 4 BOX 93 BROOK!				
egu egu s mo		DIVORCED (specify) 9-15-91	9. AGE (In years If Under 1 Yr. If Under lost birthdoy) Months Doys Hours				
s in dece	one during most of working life, even if retired) Sale sma	A A A A A A A A A A A A A A A A A A A	12. CITIZEN OF WHAT COUNTRY?				
(4) U wa the ispos	CORNELL'ILS MILLER	14. MOTHER'S MAIDEN NA BELLE	C. HOUCH				
kind; death nce on inal d	S. Wos Deceased Ever in U. S. Armed Forces? (es,no or unknown) (If yes, give wor or dotes of service)	5. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. PRANKL	ADDRESS				
of any unced tendar	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	INTERVAL BETWEE ONSET AND DEA				
prono ar at balm	(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which caused death,)	DUE TO	oug 2. asry we				
A fra	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	DUE TO CHI	uster 624				
; (3) ian w s in ins ar	rise la the abave cause (A) slating the UNDERLYING CONDITION last.	(c) Hyperleusin					
burns; ohysicia an was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
by a m Body e the p hysicic ore the	19A. DATE OF OPERATION 19B. CONDITION FOR WHI		IN CERTIFYING CAUSES OF DEATH?				
No per	OR CONTRIBUTING CAUSE OF home, etc.)	ACE OF INJURY (e.g., in or obout lorm, foctory, street, office bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)				
- 0	21D. TIME (Month) (Doy) (Year) (Hour) 21E, IN While (APPROX.)	At Not While At Work	URY OCCUR?				
(exce ; and e obto	22. I certify that (I) (this hospital) attended the that (I) (we) lost sow the deceased alive on	deceased from SAN 6	1968 to Saw 6 19.				
dent of ospital death) must be	and hour and from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth.						
P o D E	Huben V. Low	M.D. Attending Med. Director	Stoff Phys. 23R DATE SIGNED				
4 to 1	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	100.				
An a prior sprov	4A. BURIAL CREMATION, 124B. DATE 124C. NAM	INA M.O. FRANKLIK	SQUARE MOSPIZ				



VS 150-REV. 1/1/68

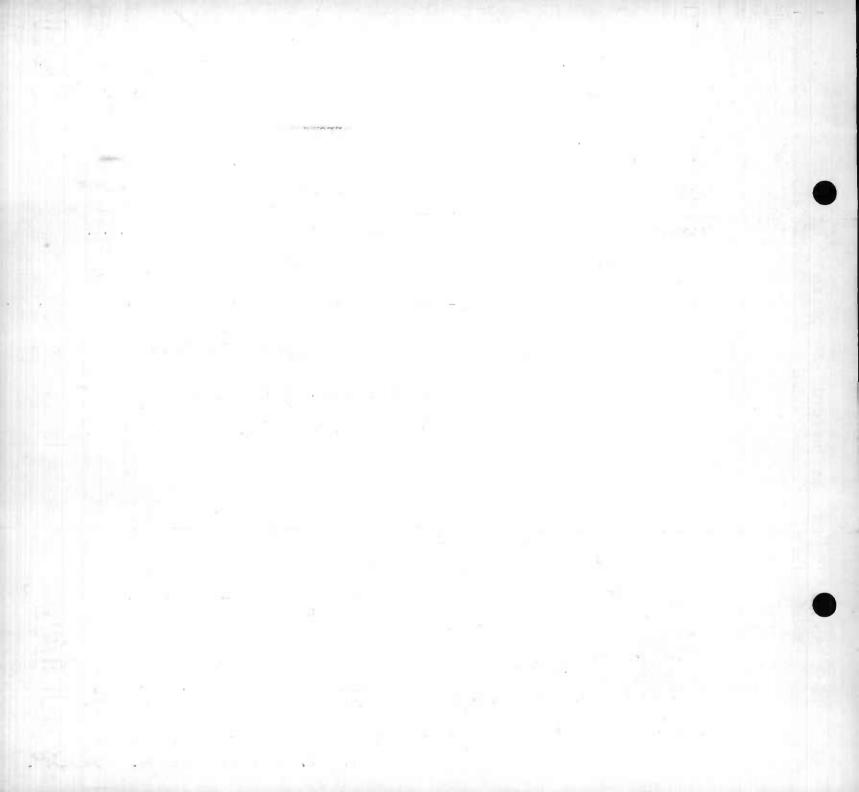
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	2711 210	68	0254	CERTIFICA	TE OF DEATH	REG. NO	68	0254	
-	RTH NO.	ASED				AND HOUR OF DEAT	Н		
(Ту	rpe or Print)	AGNES	M. C	HES	Jan	uary 8. 19	968 1	10.40 A	. M
3.	PLACE IN BALT	IMORE MARYLAND, W			4. USUAL RESTDENCE (V	Vhere deceosed lived, if		esidence before odm	
						UNIT		2-0	1
H	OSPITAL OR	ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	Maryland c. CITY OR TOWN	In In	ISIDE CITY LI	MIS	-
IN	STITUTION				Baltimore		YES T	№П	
-	C1	hurch Home	& Hosp	ital	E. STREET AND NUMBER	?			
2	2		^		108 S. Was	hington St	reet		
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under Months	r 1 Yr. If Under 2 Doys Hours A	24 Hrs.
F	emale	White	WIDOWED	DIVORCED	4/12/89	lost birthdoy)	Nontris	Doys Hours	Min.
10	A. USUAL OCCU	PATION (Give kind of work			11. BIRTHPLACE (State or I		12. CITI:	ZEN OF WHAT CO	UNTRY
do		rorking life, even if retired)			Ma mer I am d			TT C A	
13	Housew		_		Maryland 14. MOTHER'S MAIDEN N	NAME		U.S.A.	
1	TAILER 3 NAW		-						
9 44		Stanislau			Anna M	iruk		A DODEC	
15. (Ye	Was Deceased es,no or unknown)	Ever in U. S. Armed For (If yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
		-	21	5-52-2675	Mr.Walter C	hes. 108 S	Washi	ngton St	
	18.//4	4.91		CAUSE OF DEAT	H. D. I. A.	mboris		APPROXIMATE INTE	
		E OR CONDITION DI	RECTLY	nexe	illize in t			24 prs -	-
		LEADING TO DEATH	4.1.	(A) IMMEDIATE CAL		<u>.</u>			
-		al mean the made af asthenia, etc. Il meons		2-	a consequence of	Ar arras	6	7	
	injury ar camp	plicolian which coused	death.)	Toreal	and of the	2 Dans		1	
	A	NTECEDENT CAUSES		(B) Valer	war steam	Notes			
		R CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:				
		abave cause (A) CONDITION last.	siding ine	(c)					
	450,0	11							
ATION	OTHER SIGNIFI	CANT CONDITIONS CO							
		H BUT NOT RELATED TO T ONDITION GIVEN IN PAR	T 1 (A).		•••••				
CERTIFIC	19A. DATE OF	OPERATION 19B. CON WAS PER	DITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208, IF YES, WER			
CE		T WAS UNDERLYING] 21 B.	PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DIC	(If in Boltin	nore City, giv	e exoct locotion)	
A	DEATH (notify	TING CAUSE OF medical examiner	etc.)	e, torm, toctory, street, o	fice bldg., INJURY OCCUR				
DIC		(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?			
X	(APPROX.)		Whil	e At Not Whil		/)		,
			Work		1/2	68	tala	9	68
		that (I) (this haspital			Jan. S	19 6 8 ta		J19	00
	that (1) (we)	last saw the decease	d alive an	you go	19 68 and	that in (my) (our) a	pinian dea	th accurred an th	ne date
			red above. (1)	(We) (did) (did nat)	iew the bady after deat	th.			
	23A. SIGNATUR	RE	111	il	ending Med.	5	23 B. DA1	SIGNED	
		2	Jacon	TEO GEGREE Phy		Staff Phys.	/	1/60	
	23C. PHYSICIAN NAME (Ty	N'S	1	D 1	23D. ADDRESS	00 = = =	Con	1	
		1. J.	FEIN	GLOS MO	roor E.1	KATI	98 -		
24	A. BURIAL CREA	AATION, 248. DATE	24C. NA	ME of CEMETERY or CR	EMATORY 24D	LOCATION	(City, Wash, X	KANA (S	Stote)
	Buria	- 11101	58 Hal	W Redoomen		Baltimore.	M	bacture	
25		BY HEALTH DEPT.	25B. NAME O	y Redeemer	25C. FUNERAL DIRECT	TOR_	1	ADDRESS	ap de cont
		N 1 0 1968 A	0 00	T. O. 42	M.F.SADOWS	KI& SONS,	1808 E	ASTERN A	VE
VS	150-REV. 1/1/6		Wo JT C	Managem		-1-2			



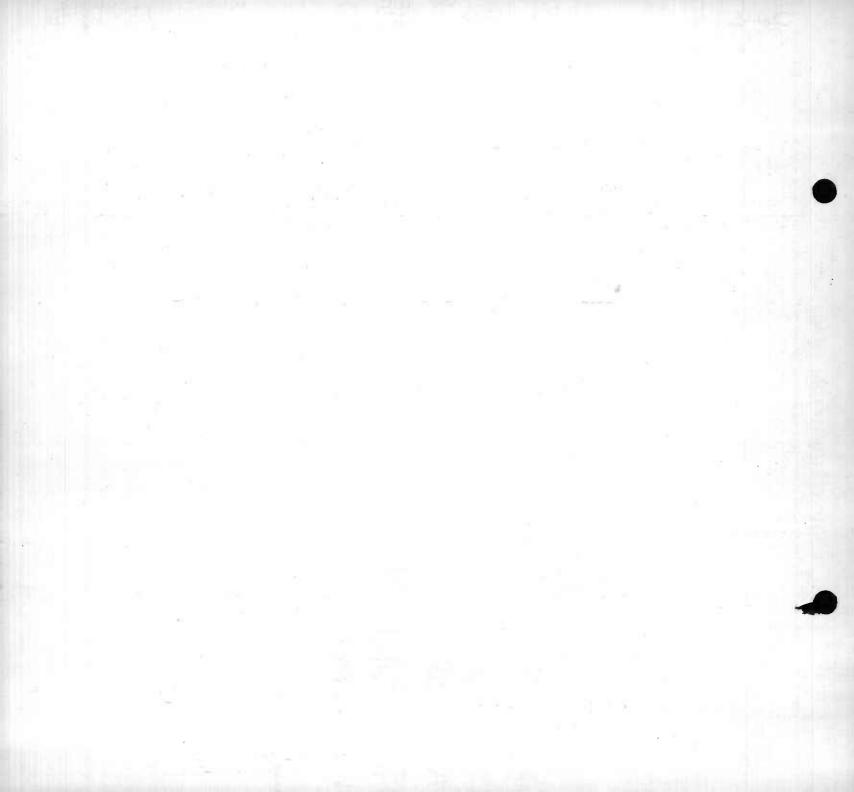
FUNERAL DIRECTOR: IMPORTANT

71 ED	F-646 DB 11250	TE OF DEATH REGING. 68 0255
sed the uch	BIRTH NO.	TE OF DEATH
Suc	(Type or Print) Daniel D. Flynn	2. DATE AND HOUR OF DEATH 17/68 P.M.
th.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before of mission)
dec dec	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Baltimore
to	Baltimore City Hospitals	C. CITY OR TOWN D. INSIDE CITY LIMITS? Sparrows Point. YES [1] NO [4]
:3	4940 Eastern Ave.	E. STREET AND NUMBER
e.	Baltimore, Maryland # 21224	7218 Hughes Ave. # 21219 3 - 00
nac	MAKKED 1-1 IAEAEK MISKINGED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
2	Male White WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	12-29-108 59 11. BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF WHAT COUNTRY?
0	done during most of working life, even if retired) Railroad	
	Engineer Patapsco & Back Rive	14. MOTHER'S MAIDEN NAME
	Patrick Flynn	Mary Driscoll
	15. Was Deceased Ever in U. S. Armed Farces? (Yes,no or unknown) (Itf yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS # 21224
	No 705-10-9566	BCH: Records 4940 Eastern Ave. Baltimore, Md
;	18. 23 0.91 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ed	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAU	SE Sudden Concline Assert 30min
	(This does not mean the made of dying, e.g., head failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
E	injury or camplication which caused death.) ANTECEDENT CAUSES	DA AN TOTAL TEST
9	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	- Recent Mysiardial Inhact 3 2 days
Sal	rise to the above cause (A) stating the UNDERLYING CONDITION last.	bets hellitus (Mild) Tryss.
5	260X II	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL V DISEASE OR CONDITION GIVEN IN DATE 1 (A).	
	U 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED 21B. PLACE OF INJURY (e.g., in	YES IN CERTIFYING CAUSES OF DEATH? YES
	OR CONTRIBUTING CAUSE OF OBEATH (notify medical examiner) OBEATH (notify medical examiner)	in ar obout 21 C. WHERE DID (If in Baltimore City, give exact location)
	O 21 TIME (Month) (Day) (Year) (Haur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	OF INJURY (APPROX.) While At Not While Mark At Work	П.
	22. I certify that (1) (this hospital) attended the deceased from	1/4 1962 to 1/7 1968.
	that((1)/(we) lost saw the deceased alive on	19 6 8ond that in(my) (aur) opinion death occurred on the date
	and hour and from the causes stated above (1) (We) (did) (did not) vi	
must	23A. SIGNATURE	nding Med. Stoff 23 B. DATE SIGNED
0	DEGREE Phys	Director Physics
pprov	NAMETYPO R Sharp	Baltimore, Maryland
db	24A. BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)
	Burial 1/11/68 Oak Lawn Cemetery	Baltimore, Maryland
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	John J. Duda, 7922 Wise Ave. Dundalk, Md.
1	JAN 1 0 1968 R. C. S. E. Labeum VS 150-REV. 1/1/68	, , and arrow Dundana, mus

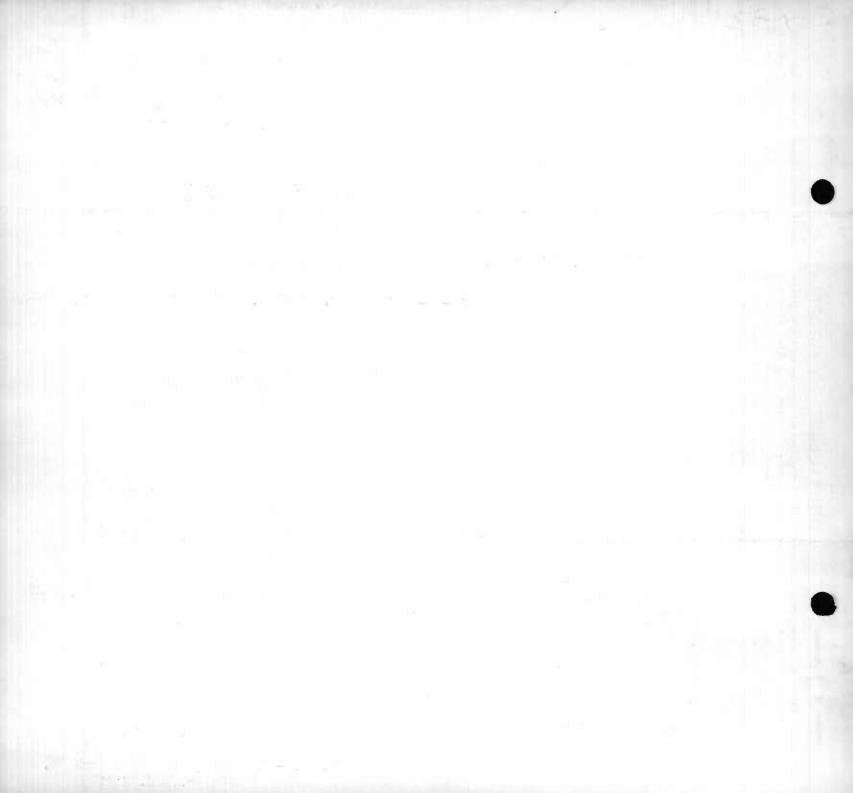


VS 150-REV. 1/1/6B

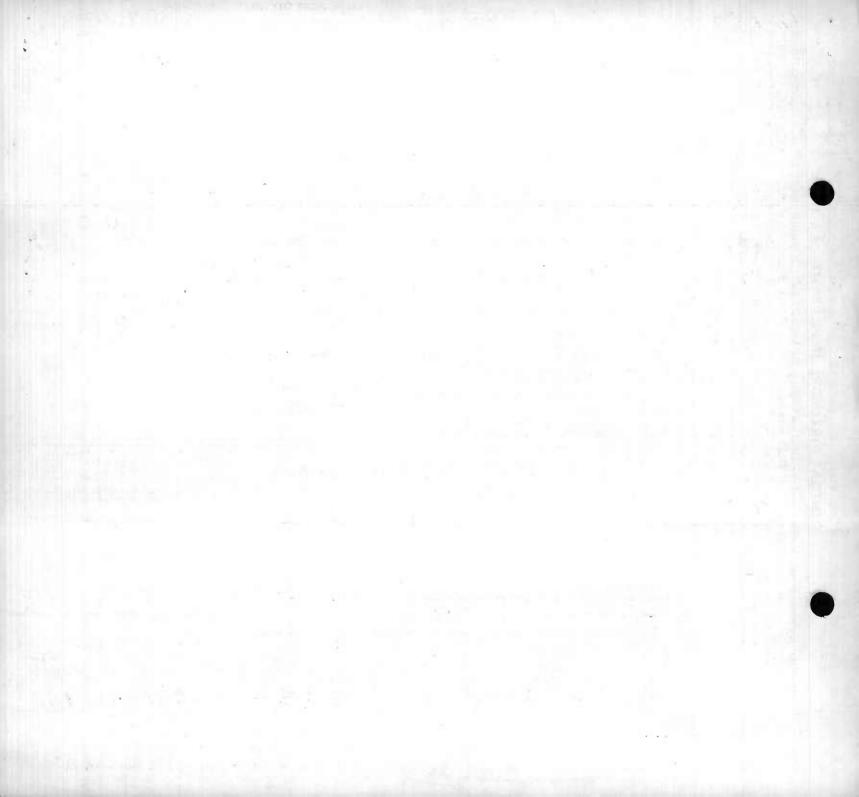
		68 02	DD dc	Y HEALTH DEPARTMEN	250 110	68 0256
BIRTH NO.			CERTIFICA	ATE OF DEAT	H REG. NO.	00 0000
NAME OF DE	CEASED			2. DA1	E AND HOUR OF DEA	TH
Type or Print)	EDWARD K.	STOECKER			n. 3rd, 1968	
3. PLACE IN BA	LTIMORE, MARYLAND		UNCED DEAD		(Where deceased lived.	If institution: residence before admission
FULL NAME OF	UE NOT IN HO	SPITAL OP INSTIT	TUTION, GIVE STREET	Maryland		1 12
HOSPITAL OR	ADDRESS OR L	OCATION)	IOTION, GIVE STREET	C. CITY OR TOWN	D. I	NSIDE CITY LIMITS
43111011014				Baltimore	3	YES X NO
	15 Melville	A	פרכדו	E. STREET AND NUMB	ER	
00 1	12 WetATITE	Avenue-2	.Lalo	715 Melv:	ille Avenue	
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
Male	White	WIDOWED	DIVORCED	Oct. 28.1910	TOST DIFFINGOUT	With the state of
			F BUSINESS OR INDUSTR		r foreign country)	12. CITIZEN OF WHAT COUNT
one during most o	f working lite, even if retir	red)				
Steelwo				Baltimore		USA
FATHER'S NA	ME			14. MOTHER'S MAIDEN	INAME	
Karl	Stoecker			Kunigu	nda Albert	
. Was Decease	d Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	n/ (if yes, give wor or	dotes of service)	213-07-6080	Mrs Donothir	E Stoocker	-715 Melville Ave.
no	44 44 44 44		CAUSE OF DEA		D. DOGGERGI	APPROXIMATE INTERVAL
rise to 1	OR CONDITIONS, he above cause IG CONDITION last.	if any, giving (A) stating the		VICUOVENTS A CONSEQUENCE OF:	Hemorh	of lary
TO THE DEA DISEASE OR 19A. DATE O	was	TO THE TERMINAL PART 1 (A). CONDITION FOR PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes		ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIE	ENT WAS UNDERLYIN BUTING CAUSE OF fy medical examiner)	ho ho	B. PLACE OF INJURY (e.g., me, form, foctory, street, c.)	office bldg. INJURY OCCL	JR?	imore City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Y	m merce	hile At Not Wh	ile 🖂	D INJURY OCCUR?	
			ork At Work	(-		7 3
22, I certif	y that (I) (this has	oital) attended	the deceased fram	(0	1965 to	1-3
that (I) (we) last saw the dece	eased alive an.		19 E 8 a	nd that in (my) (our)	opinian death accurred on the d
and haur a	nd from the causes	stated above.	(I) (We) (did) (did not)	view the bady after de	ath.	
23A. SIGNAT	URE	. (23B, DATE SIGNED
	25/1/ 611	11/0		tending Med. ys. Director	Staff Phys.	2-568
23 C. PHYSICI	AN'S		DEGREE	23D. ADDRESS	,-	
NAME	(Týpe)	,			73 · A	03.03.0
	Z. Vance Ho		- DEGRE		erslie Avenu	
REMOVAL			TAME of CEMETERY OF C	the country of	4D. LOCATION	(City, town, or county) (State
Burial	1/6/	68 I	Parkwood Cemet	ery	Balto Co.	
25A. DATE REC'	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRE		ADDRESS
	JAN 1 0 196	8 00	By S. Star Ben MA	MIT CCUETI-M	Tederera uom	10



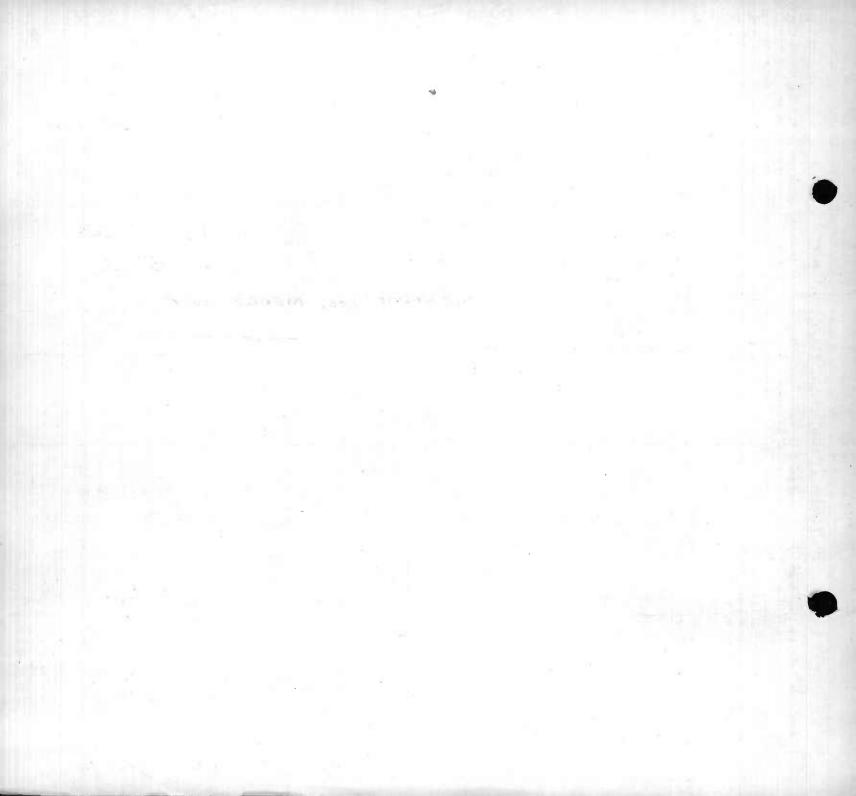
RIPTI	4 NO. 68 0257 CEDILEIC	ATE OF DEATH Registered No.	68 025
M.E.			
	AME OF DECEASED	2. DATE AND HOUR OF DEAT	H -7 //7
. P1	ACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If	institution; residence before
		A. STATE B. COUNTY	D. 2.04
Ì	ULL NAME OF (If not in hospital or institution, give street oddress or location)	# 19 Murray Hel Circ C. CITY OR TOWN (Rebutside city limits, with	e RURAL and give township
IN	ISTITUTION	Baltimore, Maryland 2	1212 53-
	37 Mercy Hospital	D. STREET ADDRESS (If rurol, give locotion)	
		1/	
5. SI	WIDOWED, DIVORCED (salecify)	8. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours
	M W morreel	16/89 58	
10A. done	USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	0/	12. CITIZEN OF WHAT COUNTRY?
	stock broker	Balto, MO.	V-S.A
13. F	ATHERS NAME	14. MOTHER'S MAIDEN NAME	
	William T. Childs Sr.	Ella Klinefelt	er.
15. V (Yes.	Vas Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	no 215-05-0391	Mrs. Ethel G. Childs 1	9 Murray Hill
		OF DEATH	INTERVAL BET
	DISEASE OR CONDITION DIRECTLY	1 1	ONSET AND
	LEADING TO DEATH	my cordial infarction	
	(This does not mean the mode of dying, e.g., DUE TO heart failure, osthenia, etc. It means the disease,	D+ 1 4	
	injury or complication which caused death.)	I comment orythmed du	uch.
	ANTECEDENT CAUSES (B) DUE TO (ngocordial inforctions of terminal ory through classical	reare
	DISEASES OR CONDITIONS, It any, giving		
	UNDERLYING CONDITION last.		
7	420,1		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	E FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED	NO IN CERTIFYING C	CAUSES OF DEATH?
U	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. OR CONTRIBUTING CAUSE OF home, lorm, foctory, street,		ore City, give exact tocation
CAL	DEATH (notify medical examiner)	Since Sings Into Ki Occor:	
ā	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	OF INJURY (APPROX.) Work Not W	hite rk	
			101
	22. I certify that (I) (this hospital) attended the deceased fram	1 1/1 1968 and that in (my) (aur) a	plaign death accured a
	and hour and from the couses stated above. (() (We) (did) (did not		pian death decomed d
I L	23A. SIGNATURE	y view the body diter death.	23B, DATE SIGNED
	M.D.	Attending Med. Stalf	1/2/16
	PASC. PHYSICIAN'S	hys. Director Phys. 23D. ADDRESS	43/08
	NAME (Type) PARVIZ K. AMID M.		1.(/
24.4	111111111111111111111111111111111111111	1010071111	City town or
_	REMOVAL (Specify)	V	(City, town, or county)
	Burial 1/5/67 Greenmount Cer		
/5A	JAN 1 0 1968 P. S. E. January	25C. FUNERAL DIRECTOR	e 6500 York R
	1000	Mitchell-Wiedefeld Hom	
- 1	50-REV. 1/1/65	Balto.,	Md. 21212



1	BALTIMORE CITY HEALTH DEPARTMENT
55	68 0258 CERTIFICATE OF DEATH REG. NO. 68 0258
1,1	NAME OF DECEASED 2. DATE AND HOUR OF DEATH
(Ty	pe or Print Add FREE/And IDN 7 1948 250 PM.
FU	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY MD, CCITY OF TOWN ID INSIDE CITY LIMITS?
	STITUTION BALTO, YES NO [] E. STREET AND NUMBER
-	TAC 1306 ASBURY RO.
	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months Days Hours Min. Min.
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) HOUSE WIFE 12. CITIZEN OF WHAT COUNTRY? M.D. U. S
13	FATHER'S NAME WILLIAM BELL 14. MOTHER'S MAIDEN NAME MARTHA PEARCE
15. (Y	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. No
NO	injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast. (B) J J - J J - J J J - J J J J J J J J J
TIELCAT	(DISEASE OR CONDITION GIVEN IN PART 1 (A).
20 147	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., NJURY OCCUR?
AAEDIC	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	22. I certify that (I) (this haspital) attended the deceased fram Nec 27 19 67 to JAN 7 19 68 and that in (my) (war) apinion death accurred an the date and haur and fram the causes stated above. (I) (**) (did) (**) view the bady after death.
	23A. SIGNATURE 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Attending Med. Director Phys. Ph
2	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) BURIAL 1/11/68 DRUID RIDGE PIKESVILLE, Mb.
2:	SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS ADDRESS AUSTIN E. DONOVAN - 3818 ROLAND AVE.



A 500		68 0259 BALTIMORE CITY HEALTH DEPARTMENT REGING 68 0259	
- 0 0 -	BII	RTH NO. 68 0259 CERTIFICATE OF DEATH REG. NO. 68 0259	
deat ease n th Suc	1.1	NAME OF DECEASED 2. DATE AND HOUR OF DEATH	
	(Ту	ype or Print) Mildred Turee January 21968 164 K	7.N
Dec Ge o	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased live). If institution: residence before admiss a STATE B. COUNTY	ion)
9 20 0			
50 0	H	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) ADDRESS OR LOCATION) CCITY OR TOWN ESSEX D. INSIDE CITY LIMITS?	
se, enc		Ra / timale YES NO A	
att		E, STREET AND NUMBER	
r at prior		Mercy Hospital 619 Middle sex Rd.	
sed	5.	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years as birthday) Months; Days Hours; Mir	Hrs.
dsed	E	F WIDOWED DIVORCED 3-28-90 77	"
,		A. USUAL OCCUPATION (Give kind of wark 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or lareign county) / 12. CITIZEN OF WHAT COUN	TRY
101)	housewife The USA	
sis	13.	FATHER'S NAME	
Spo		In doe Mark Flag. ITI	
ė.	15	Winter North Florence Work. Wos Doceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS	
0	(Ye	es, na gjunknawn) (III yes, give war ar dates af service) SECURITY NO.	
fin		NO. 218-07-6950 REC. MERCY HOSP	
-0		18. STATE APPROXIMATE INTERVA	
70		DISEASE OR CONDITION DIRECTLY	
E		(This does not mean the mode of dying, e.g (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	.
pal		heart failure, asthenia, etc. Il means the disease, injury ar camplication which caused death.)	
E			
0		(B) Ca John J. Check	1801
2		rise to the above couse (A) slating the	
ns		UNDERLYING CONDITION losi. (C)	
nai	7	15°7X II	
ren	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
e			
+	ERTIFIC	WAS PERFORMED YES IN CERTIFYING CAUSES OF DEATH?	
ore	CER	218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location)	
ef	AL	(DEATH (natify medical examiner) etc.)	
P	U		
n e	MEDI	OF INJURY (APPROX.) While At Not While	
†ai		Work Af Work	
00		22. I certify that (4) (this hospital) attended the deceased from 1968 to 7 196	-
pe		that I) we last saw the deceased alive on T and 19 6 and that in (our opinion death occurred on the	dote
st		and hour and from the causes stated above. (We) (We) (We) (We) view the body ofter death.	
must		23B, DATE SIGNED	
		Attending Med. Staff Phys. Director Phys. Then 1569	
0 > 0		23C PHYSICIAN'S NAME (Type) 23D. ADDRESS	
proval		Man Hankel	
db	24.	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24B. LOCATION (City, tawn, or county) (State	B)
		REMOVAL (Specify) 1/10/68 MT. OLIVET RAITO, MD	
written	25	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS	
WF		1911	
	/5	JAN 1 0 1968 Pleet E. talkens Connelly F.H. 300 mare	
	4.3	//	

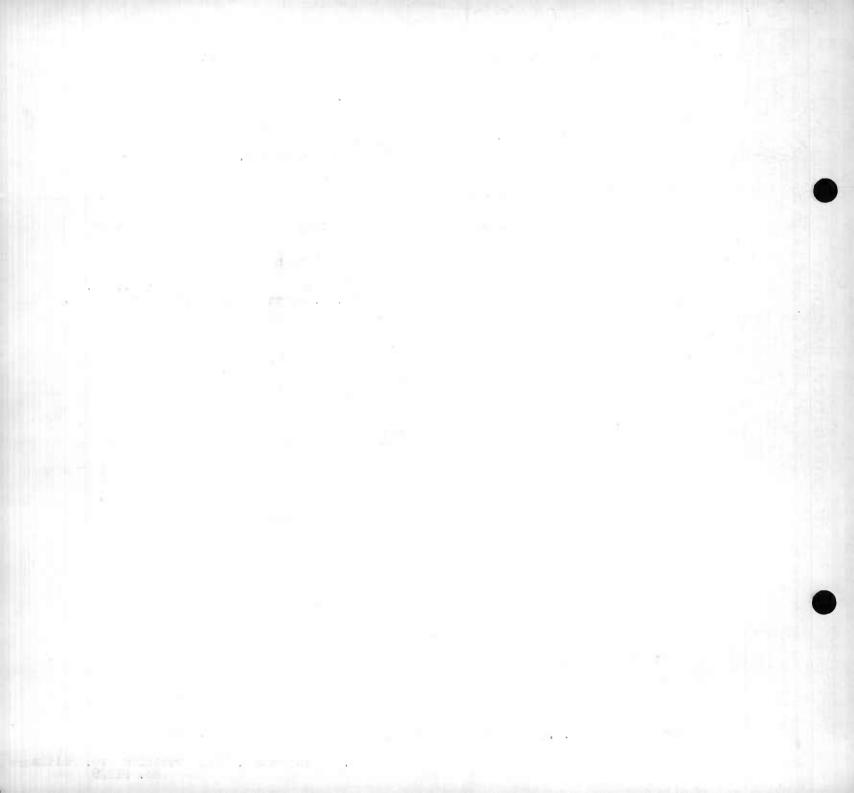


IMPORTANT

- 11				HEALTH DEPARTMENT	1/	
7-160	68	028	CERTIFICA	TE OF DEATH	REG NO	-68 - 0260
I, NAME OF D	ECEASED / / /		1. 11		AND HOUR OF DEATH	770
(Type or Print)	Wilm	er c.	naffer		1-6-68	11/3A M
3. PLACE IN B	ALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WI		nstitution: residence before admission)
FULL NAME O	F (IF NOT IN HOSPIT	AL OR INSTIT	JTION, GIVE STREET	Maryland	Balt	imore (a)
HOSPITAL OR	Baltimore Ci	allon) tv Hospi	itals	C. CITY OR TOWN		IDE CITY LIMITS?
21	4940 Eastern			C CIRCLE AND AUGUST		YES NO
01	Baltimore, Ma		21224	37 Cool Bree	ze Drive	21220 53.00
5. sex Male	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (tn years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	White	WIDOWED		8-19-1924	43	
	CUPATION (Give kind of work of working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
		F15H	ER BODY	Pennsylvani	a	U.S.A.
13. FATHER'S N				14. MOTHER'S MAIDEN N		
	Wilb	ert			Helen DE	RMER
5. Wos Deceas	ed Ever in U. S. Armed For wn) (If yes, give wor or dote	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
WES		es or service	SECURITY NO. 165-24-6132	Records:BCH-4	9/0 Eastern	Avenue 2122/
18.	KOREA		CAUSE OF DEATI		,,,,	APPROXIMATE INTERVAL
DISE	ASE OR CONDITION DI	DECTLY		1 - 6	1	BETWEEN ONSET AND DEATH
5132	LEADING TO DEATH	KECIEI	HAMEDIATE CAL	- Acute M	unocutic La	Entrusia / year
	not mean the made af		(A) IMMEDIATE CAL	A CONSEQUENCE OF:	000000	talement , joins
	e, aslhenia, etc. It means omplication which coused			- 1	, ,	
	ANTECEDENT CAUSES			traceretas!	houselle	up Chours
DISEASES	OR CONDITIONS, if		(B)DUE TO, OR AS	A CONSEQUENCE OF	i emon	ge John State of the state of t
rise ta	the obove couse (A)		552 10, 511 715	A COMPERCE OF		
UNDERLYI	NG CONDITION lost.		(c)			
z 204	2/ 11			A		
O OTHER SIGN	VIFICANT CONDITIONS CO ATH BUT NOT RELATED TO T			- Magazi	· John Arman Andrews Control of C	
U 19A. DATE	OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES WERE	FINDINGS CONSIDERED
	WAS PER	FORMED		VET	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 121A. ACCIE	DENT WAS UNDERLYING	7 21B	PLACE OF INJURY (e.g., i	or obout 21C. WHERE DID	(If in Boltimo	re City, give exoct location)
OR CONTR	IBUTING CAUSE OF		e, form, foctory, street, of	fice bldg., INJURY OCCUR?		
U	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID II	HILLIAN OCCUPS	
S OF INJURY	(Wollin) (Doy) (Teon		ile At Not While		NJURT OCCUR:	
(APPROX.)		Wo	rk At Work		100	1,0
22. I certi	fy that (I) (this haspita	l) attended t	he deceased fram		1968 to	1/6 1962
that (I) (w	e) lost sow the deceose	ed olive on	1/6	19 6 g and	that In (my) (our) op	inion deoth occurred on the dote
and haur o	and fram the causes sta	ted abave. () (We) (did) (did nat) v	iew the bady after death	1.	
23A. SIGNA	/	1	14			23B. DATE SIGNED
	Mul	Un 15	-// Divo	nding Med. Director	Shaff Phys.	1/6/18
23C. PHYSIC		klin G.	DEGREE	23D. ADDRESS Baltim		ni+ala
NAME	(Type)	VTTII (10	Sorauss		1 Labor	proars
	Trawlet:	4	10 / all			
24A, BURIAL C	Transeli	24C N		4940 Eastern &		ore, Maryland 21224
REMOVAL	REMATION, 24B. DATE (Specify)	24C.N	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	ore, Maryland 21224 (ity, town, or county) (Stote)
REMOVAL	REMATION, 24B. DATE (Specify)	8 1	PALO ALTO	MATORY 24D.	HMDMA	ore, Maryland 21224 (ity, town, or county) (Stote) AN PA
REMOVAL	REMATION, 24B. DATE (Specify)	8 1	AME of CEMETERY OF CRE	MATORY 24D.	HYNDMA	ore, Maryland 21224 (ity, town, or county) (Stote)
REMOVAL	REMATION, 24B. DATE (Specify)	8 1	PALO ALTO	MATORY 24D.	HTNDMA	ore, Maryland 21224 ity, town, or county) (Stote) AN PA OO M.9 ADDRESS



VS 150-REV 1/1/65



86	0262	BALTIMORE CITY	HE/
10	じたりた	CEDTIFICAT	re

ALTH DEPARTMENT

. NO	68	0262

SMITH CARRIE A 1. PRACE IN BALTIMORE MARKLAND, WHERE PRONOUNCED DEAD 1. STATE STORMER CONTINUES OF THE MARKED DEAD OF	BIRTH NO.		CERTIFICA	TE OF DEATH	REG. NO	UO UCOC
SMILL CERTAINORE MARKED NAME FOR NOT IN HOSPITAL CATON & WILKENS AVES. ST. AGNES HOSPITAL CATON & WILKENS AVES. ST. AGNES HOSPITAL CATON & WILKENS AVES. ST. AGNES HOSPITAL CATON & WILKENS AVES. ST. AGNES HOSPITAL CATON & WILKENS AVES. ST. AGNES HOSPITAL CATON & WILKENS AVES. ST. AGNES HOSPITAL CATON & WILKENS AVES. ST. AGNES HOSPITAL CATON & WILKENS AVES. ST. AGNES HOSPITAL CATON & WILKENS AVES. ST. AGNES HOSPITAL CATON & WILKENS AVES. ST. AGNES HOSPITAL CATON & WILKENS AVES. ST. AGNES HOSPITAL CATON & WILKENS AVES. ST. AGNES HOSPITAL CATON & WILKENS AVES. ST. AGNES HOSPITAL CATON & WILKENS AVES. ST. AGNES HOSPITAL CATON & WILKENS AVES. ST. AGNES HOSPITAL CATON & WILKENS AVES. ST. AGNES HOSPITAL CATON & WILKENS AVES. ST. AGNES HOSPITAL CATON & WILKENS AVES. ST. AGNES HOSPITAL CATON & WILKENS AVES. ST. AGNES HOSPITAL CATON & WILKENS AVES. ST. AGNES HOSPITAL CATON & WILKENS AVES. ST. AGNES HOSPITAL CATON & WILKENS AVES. ST. AGNES HOSPITAL CATON & WILKENS AVES. ST. AGNES HOSPITAL WILKENS AVES. ST. AGNES HOSPITAL CATON & WILKENS AVES. ST. AGNES HOSPITAL WILKENS AVES. ST. AGNE	Type or Print			2. DATE A	ND HOUR OF DEATH	
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HOSPITAL OR ST. AGNES HOSPITAL CATON & WILKENS AVES. BALTIMORE, MARYLAND 21229 3. SEX S. SEX S. SACE FEMALE WHITE MIDUSUAL OCCUPATION (Give kind of ward) The USDAL OCCUPATION (Give kind of ward) ST. AGNES HOSPITAL MIDUSUAL OCCUPATION (Give kind of ward) MORCED DIVORCED D	S. PLACE IN BALI			A. STATE B. COUN	NTY	
ST. AGNES HOSPITAL CATON & WILKENS AVES. BALTIMORE BALTI	HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET		D INSI	
CATON & WILKENS AVES BALTIMORE, MARYLAND 21229 SEX FEMALE SACE FEMALE WHITE WHOWED NOONED NOVERABRIED NEVER MARRIED N		ST. AGNES H	HOSPITAL		0. 114311	The state of the s
BALTIMORE, MARYLAND 21229 STEWALE FEMALE WHITE WIDOWED D NONCECD NONCECD NONCECD O2 25 88 79 Months: Day, House 24. Months: Day, House 34. Months: Mary Land D. 2. CILIZEN OF WHAT COUNTY MARY LAND U. S. A. 12. CILIZEN OF WHAT COUNTY MARY LAND U. S. A. 13. FATHEE'S MANDEN NAME THEODORE Z IMMERMAN AMELIA ECKERT 13. CAUSE OF EATH	11 /			E. STREET AND NUMBER	N. E. S.	70
The content of the service The content of		BALT IMORE.	MARYLAND 21229			
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3. AATHER'S NAME THEODORE Z IMMERMAN	HOUSE	WIFE		MARYLAND		U. S. A.
S. Wee Deceased Ever in U. S. Armed Forces? Test, no of unknown) [Iff yes, give wor or doles of service) 10. 215 48 5646 RECORDS 10. 215 48 5646 RECORDS 10. 215 48 5646 RECORDS 10. 212 APPROXIMATE INTERVAL 10. 215 48 5646 RECORDS 10. 212 APPROXIMATE INTERVAL 10. 215 48 5646 RECORDS 10. 212 APPROXIMATE INTERVAL 10. 215 48 5646 RECORDS 10. 212 APPROXIMATE INTERVAL 10. 215 48 5646 RECORDS 10. 215 48 5646 REC	3. FATHER'S NAM	A E			ME	
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OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED While At Work 22D. Time (Month) (This haspital) attended the deceased fram DECEMBER 28 19 67 to JANUARY 5 19 68 and that in (N) (aur) apinian death occurred an the dand haur and fram the causes stated abave. (We) (did) (N) (A) (Ve) (did) (N) (Ve) (did) (N) (Ve) (Ve) (Ve) (Ve) (Ve) (Ve) (Ve) (Ve	ERT				IN CERTIFIING CAL	DSES OF DEATH:
While At Work 22. I certify that (N) (this haspital) attended the deceased from DECEMBER 28 19 67 to JANUARY 5 19 68 that (N) (we) last saw the deceased alive an JANUARY 5 19 68 and that in (N) (aur) apinion death occurred an the d and haur and from the causes stated abave. (We) (did) (N) (N) (view the bady after death. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) OSCAR E LABORDA DEGREE Attending Med. Director Phys. 23D. ADDRESS CATON & WILKENS AVES MARY LAND 21229 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 24C. NAME of CEMETERY or CREMATORY Jan. 8, 1967 Loudon Park Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	OR CONTRIBU	TING CAUSE OF	home, form, foctory, street, o	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore	e City, give exact locotion)
that (X (we) last saw the deceased alive an JANUARY 5 19 68 and that in (X) (aur) apinian death occurred an the d and haur and from the causes stated abave. (W) (We) (did) (X) (X) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED O1 05 67 23C. PHYSICIAN'S NAME (Type) OSCAR E LABORDA 23D. ADDRESS CATON & WILKENS AVES MARYLAND 21229 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24C. NAME of CEMETERY or CREMATORY Jan. 8, 1967 Loudon Park Cemetery Baltimore, Maryland 25C. FUNERAL DIRECTOR ADDRESS	5 0	(Month) (Doy) (Yeor)	While At Not Whi	le 🗖	IURY OCCUR?	
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Attending Med. Director Phys. Shoff Phys.			ed abave. () (we) (did) (app)(at)	view the bady after death.		23B. DATE SIGNED
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DEGREE DAL THORE MAY LAND 2129 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) Burial Jan. 8, 1967 Loudon Park Cemetery Baltimore, Maryland 25A. DATE REC'D SY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	23C. PHYSICIAN NAME (Ty	pe)	DEGREE	23 D. ADDRESS CATON & WILKE	ENS AVES.	8-17-1-17
Burial Jan.8,1967 Loudon Park Cemetery Baltimore, Maryland 25A. DATE REC'D SY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		AATION, 24B. DATE	DEGREE			
25A. DATE REC'D SY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS			67 Loudon Park Ceme			
Baltimore, Md. 21229					Nab, 3512 Fre	derick Ave.

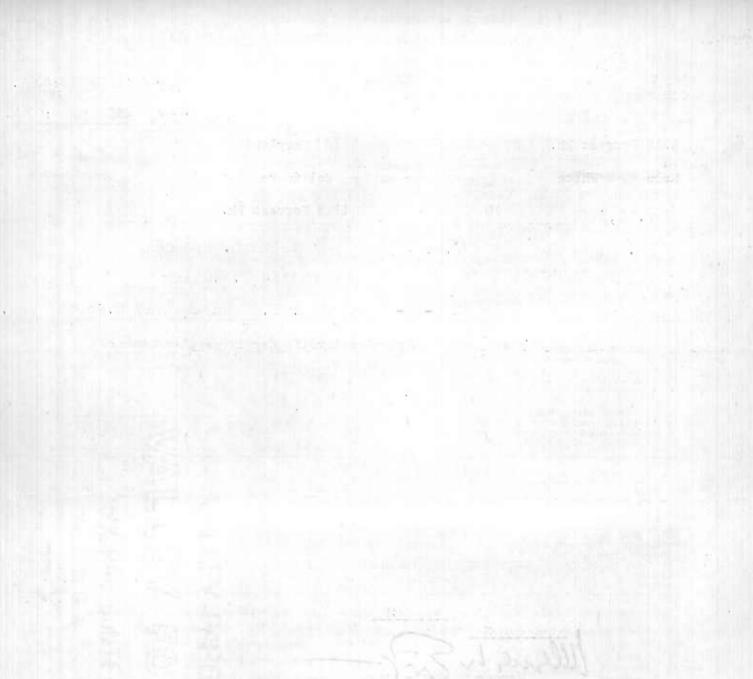
V\$ 150-REV. 1/1/68

68 0263 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68 0263

I. NAME OF DECEASED (Type or Print) I. Day Year Hour Year Hour I. Day I. Day Year Hour I. Day Year I. Day Year Hour I. Day Year Hour I. Day Year
HEACOCK DEATH Estimoted January 6, 1968 8:00 A
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 1719 Forrest Pk. 6. SEX Male 7. RACE Male White Widowed 10. AGE (In yeors last birthdoy) 70 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14A. USUAL OCCUPATION (Give kind of work last birthdoy) 15. MOTHER'S MAIDEN NAME Charles L. Heacock 14A. USUAL OCCUPATION (Give kind of work last birthdoy) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 19. CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTE BROWN S. USUAL RESIDENCE (Where deceased lived. It institution: residence before admissing the country of the countr
S. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission of the country of the co
A. STATE Maryland B. COUNTY C. CITY OR TOWN Baltimore P. DATE OF BIRTH Nov.ll, 1897 10. AGE (In yeors last birthdoy) 70 11. BIRTHPLACE (State or foreign cauntry) Md. 12. CITIZEN OF WHAI CQUNTRY? WHAI CQUNTRY? Charles L. Heacock 14A. USUAL OCCUPATION (Give kind of wark 14B. KIND OF BUSINESS OR INDUSTRY) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknown) (If yes, give war or dates of service) 19. 4 2 91 CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH
6. SEX Male Mite Mite Mide Mite Mide Mide Mide Mide Mover Married Mide Mide Mover Married Mide Mover Married Mover Mover Married Mover Mover Married Mover Mover Married Mover Move
Male White WIDOWED DIVORCED Baltimore 9. DATE OF BIRTH 10. AGE (In years last birthdov) 70 If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 1719 Forrest Pk. AVE, 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAI COUNTRY? Charles L. Heacock 14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of warking life, even if refired) 1. Aborer 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknawn) (If yes, give war or dates of service) 19. 4 2 9 CAUSE OF DEATH CAUSE OF DEATH Baltimore YES NO DESTRICT NUMBER 17. STREET AND
9. DATE OF BIRTH Nov.11,1897 10. AGE (In years last birthdov) 70 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAI COUNTRY? 13. FATHER'S NAME 14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME 14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknawn) (If yes, give war or dates of service) 19. 42 2 9 CAUSE OF DEATH CAUSE OF DEATH 10. AGE (In years little Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 1719 Forrest Pk. 4VV, 13. FATHER'S NAME Charles L. Heacock 11. BIRTHPLACE (State or foreign country) 15. MOTHER'S MAIDEN NAME Lillie T. Butler 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknawn) (If yes, give war or dates of service) 17. SOCIAL SECURITY NO. 20 - 42 - 93 90 Walter I. Heacock 1717 N. Forest Pr CAUSE OF DEATH
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME Charles L. Heacock 14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of warking life, even if refired) Laborer 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknawn) (If yes, give war or dates of service) 17. SOCIAL SECURITY NO. 20 Walter I. Heacock 1717 N. Forest Pr CAUSE OF DEATH CAUSE OF DEATH
12. CITIZEN OF WHAT COUNTRY? Md. 14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY) Laborer 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknawn) (If yes, give war or dates of service) 19. 4 2 9 CAUSE OF DEATH 13. FATHER'S NAME Charles L. Heacock Lillie T. Butler 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknawn) (If yes, give war or dates of service) CAUSE OF DEATH CAUSE OF DEATH
Ida. U.S.A. Charles L. Heacock 14A. USUAL OCCUPATION (Give kind of wark) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME Lillie T. Butler 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknawn) (If yes, give war or dates of service) 17. SOCIAL SECURITY NO. 20-42-9390 Walter I. Heacock 1717 N. Forest Pr CAUSE OF DEATH CAUSE OF DEATH
Lillie T. Butler 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknown) ((If yes, give war or dates of service) 17. SOCIAL SECURITY NO. 20-42-93-90 Walter I. Heacock 1717 N.Forest Pr CAUSE OF DEATH CAUSE OF DEATH
Lillie T. Butler 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknown) (If yes, give war or dates of service) 17. SOCIAL SECURITY NO. 20-42-93-90 Walter I. Heacock 1717 N. Forest Pr 19. 4-12 91 CAUSE OF DEATH CAUSE OF DEATH
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknown) (If yes, give war or dates of service) 17. SOCIAL SECURITY NO. 20-42-93-90 Walter I. Heacock 1717 N. Forest Pr CAUSE OF DEATH 18. INFORMANT APPROXIMATE INTERPREDICTIONS OF APPROXIMATE APPROXIMATE INTERPREDICTIONS OF
CAUSE OF DEATH
CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY Arteriosclerotic Cardiovascular Disease
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(this does not mean the mode of dying, e.g., heart fallure, asthenia, etc. It means the disease, injury or complication which coused deoth.)
injury of complication which coosed decili.)
ANTECEDENT CAUSES (B) DUSTASES OR CONDITIONS IF ANY GIVING DUE TO, OR AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST. (C)
THE STANFFICANT CONTINUES CONTRIBUTING
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL USE ASE OR CONDITION GIVEN IN PART 1 (A).
(C)
No No
22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIB- hame, form, factory, street, office bldg., etc.) INJURY OCCUR?
2 22D. TIME (Manth) (Day) (Yeor) (Haur) 22E.INJURY OCCURED 22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK
23.
I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion
resulted frame Natural causes X Accident Suicide Hamicide Undetermined manner
ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNI
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 1-6-68
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State
Burial 1-9-1968 Lorraine Woodlawn Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
JAN 1 0 1968 G. D. L. E. Falley G. Howard Strong 3207 W. North Av
VS 151-REV, 1/1/68



BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/68

IMPORTANT

FUNERAL DIRECTOR:

ADDRESS

W. North Ave..

Md.

NO TX

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

U. S.A.

ADDRESS

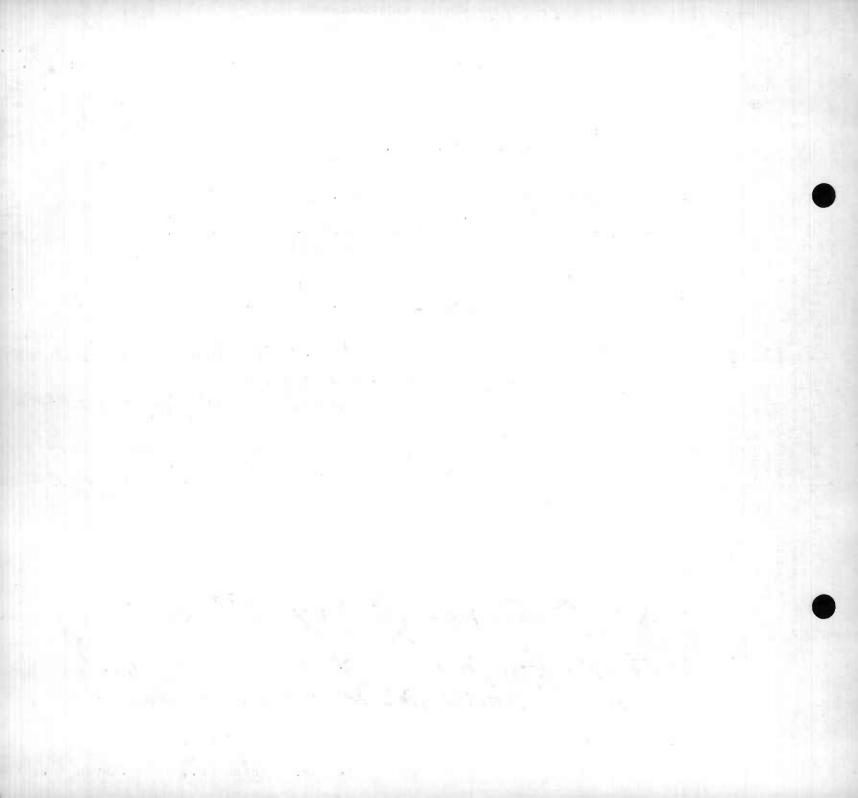
If Under 24 Hrs.

instructed the Continue arting of the said of their 25 mgr 2 Jan Waln 68 Rugardoger

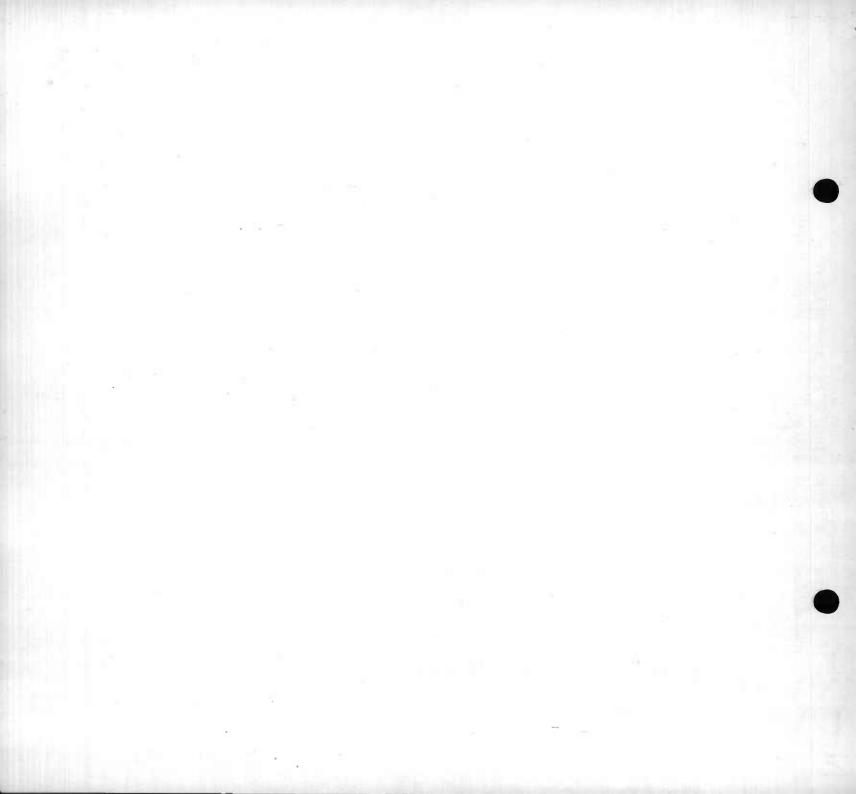
MENDED 2-6-68

W-256	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 68	0265
	1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 2. DATE 3. DATE 3. DATE 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE 4. PRONOUNCED DEAD 4. PRONOUNCED	7:00 PM.
00	1318 N. Carey St. (DOA) S. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY Maryland 6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS	
•	Male Negro WIDOWED □ DIVORCED □ Baltimore 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Manths, Doys, Haurs, Min. 1318 N. Carey Street 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF 13. FATHER'S NAME	5-01
	BALTIMORE, MARY Land WHAT COUNTRY? 14A. USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even If retired) 15. TATHER STATILE OF THE ST	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war ar dates af service) 17. SOCIAL SECURITY NO. 2/2-12-136/ LUCY WAGONER 13.18	Carey St
		TWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE	
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUT	OPSY? (Yes or No)
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obaut hame, form, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?)
•	CAPPROX.) MATE NOT WHITE	DATE SIGNED 1/9/68
	24A. BURIAL CREMATION, 24B. DATE DAG. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or coun REMOVAL (Specify) BURIAL Jan. 13/968 Mt. Calvary Cemetery Fan Arway 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS. 151-REV. 1/1/68	(Stole) L Country Freston
		211

VS 150-REV. 1/1/68



VS 150-REV. 1/1/6B



HURCH HOME BAD HOPPIAL Suzy Ten An Blow Holle Peter S. media migrato 3-2-1839 76-11 21 × 24 L/A A THE CONTRACTOR .

0269

MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

BIRTH NO.	77120	// (L L/	AMIINER 3			DETTI	REG. NO			
1. NAME OF DECEASED (Type or ADELAIDE SLATER			2. DATE OF DEATH	Knawn 🛆	Manth	arv 8. 1	Year 968	11:35 P.M		
4. PLACE IN BALTI	MORE, MARYLAND, V	VHERE PRONO	DUNCED DEAD	3. DATE		Month	Doy	Year	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTI TION)	ON, GIVE STREET		UNCED DEAD		y 8, 196		11:35 P.M	
	utaw Place	(DOA)		A. STAJE Mai	esidence (Where		ed. If Institution: 1	residence by	Setore admission)	
6. SEX 7	. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CITY	LIMITS?		
Fema1e	Negro	WIDOWED [DIVORCED [Bal	ltimore		YES	X N	10 🗆	
last birthday) Months ; Days			nder 1 Yr. If Under 24 Hrs. Ihs: Days Haurs Min.	E. STREET AND NUMBER 2511 Eutat Place - Apt. 2-				-R		
9/15/01 65 11. BIRTHPLACE (State or foreign country) 12.			ITIZEN OF		13. FATHER'S NAME				D	
Maryland WAA-USUAL OCCUPATION (Give kind of work 148. KIND OF BUSIN			YHAT COUNTRY?						?	
ane during mast of wa Housewif	rking life, even if retired)	146. KIND OF	BOZINEZZ OK INDOZIK	13. MOTHE	K 5 MAIDEN NA	WE			?	
6. WAS DECEASED	EVER IN U.S. ARMEI	of service)	17. SOCIAL SECURITY NO.	18. INFOR	TAAN		ADE	DRESS		
				Mr	Slater,	same				
19.412	01		CAUSE OF DEA	тн					ROXIMATE INTERVAL EN ONSET AND DEAT	
DISEASES OF RISE TO THE UNDERLYING	RECEDENT CAUSES R CONDITIONS, IF AN ABOVE CAUSE (A) STA CONDITION LAST. II FICANT CONDITIONS C H BUT NOT RELATED TO	TING THE	(8)	AS A CONSE	QUENCE OF:					
DISEASE OR C	ONDITION GIVEN IN P	ART 1 (A).								
20A. DATE OF	OPERATION 208. COI	NDITION FOR	WHICH OPERATION W	S PERFORMED				21. AUTOPSY? (Yes or Na)		
_	AL CALLER WAS	Inon I	NACE OF INITIBY		OC MUSEE DIE	0/ - 0 to	50		No	
UNDERLYING		home	PLACE OF INJURY (e.g., farm, factary, street, offic	e bldg., etc.)	NJURY OCCUR?	(It in Saltimar	e City, give exact	lacatian)		
22D. TIME (M OF INJURY (APPROX.)	anth) (Day) (Yeo			WHILE	22F. HOW DID IN	NJURY OCCU	R?			
	•	nquiry 🗌	Inspection X Au	tap sy		this basis,	death in my o	pinlan		
resulte	d from: Natural cau	ses X A	seident Suicio		CHIEF MEDICAL		ed manner _			
ACTUAL SIGNATUR	E allene	170	~ M.D	ASSI	STANT MEDICAL				DATE SIGNED	
EXAMINER NAME (Ty	pe) Wernwer	U. Spi	tz,M.D.	ASSO	OCIATE MEDICAL	EXAMINER			1/9/68	
REMOVAL (Specify)		024	C. NAME of CEMETERY	ar CREMATO	DRY 24D.	LOCATION	(City, town,	or county)	(Stote)	
Burial 25A. DATE REC'D B	Y HEALTH DEPT.	68 25B. NAME	Carver Mer	n Park	FUNERAL DIRECT	TOR	ADI	DRESS	T. C.	
JA	NI 0 1968	1 Posts	2. Farkeyra	Ad	olphus Ha	lstead	1206 W 1	Nont b	A	
S 151-REV. 1/1/68						1	TEOD II	MOT. PH	WAG	

er de la man Angua (1984) The second of the second secon BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

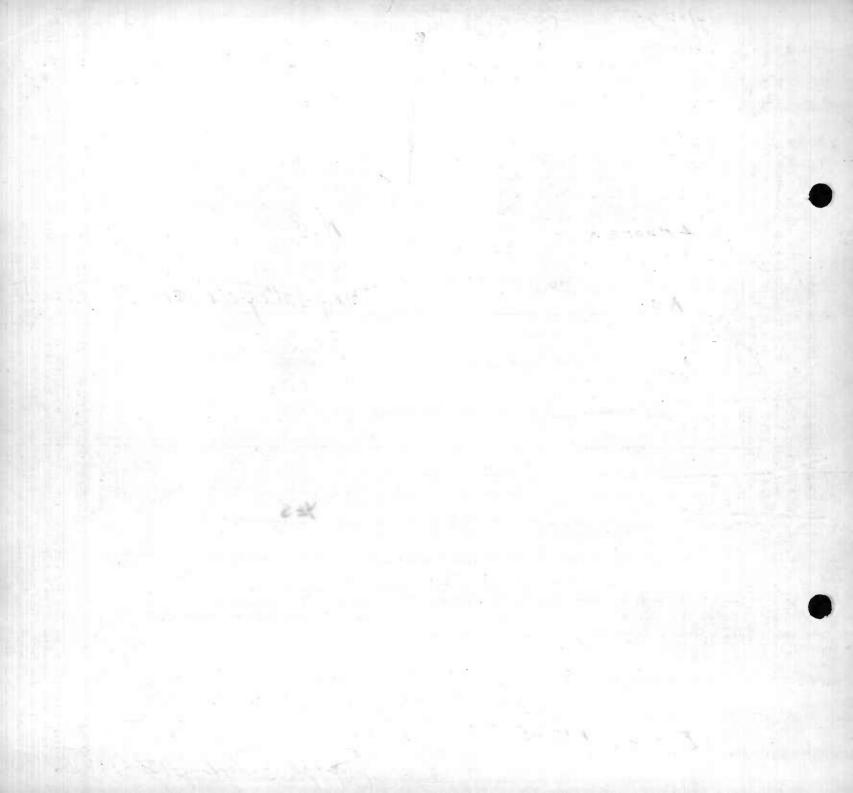
VS 150-REV. 1/1/6B

D. INSIDE CITY LIMITS? YES X NO If Under 24 Hrs. If Under 1 Yr. Months Days 12. CITIZEN OF WHAT COUNTRY? APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct lacation) and that in (my) (aplnlan death accurred an the date 23 B. DATE SIGNED (City, town, or county) ADDRESS

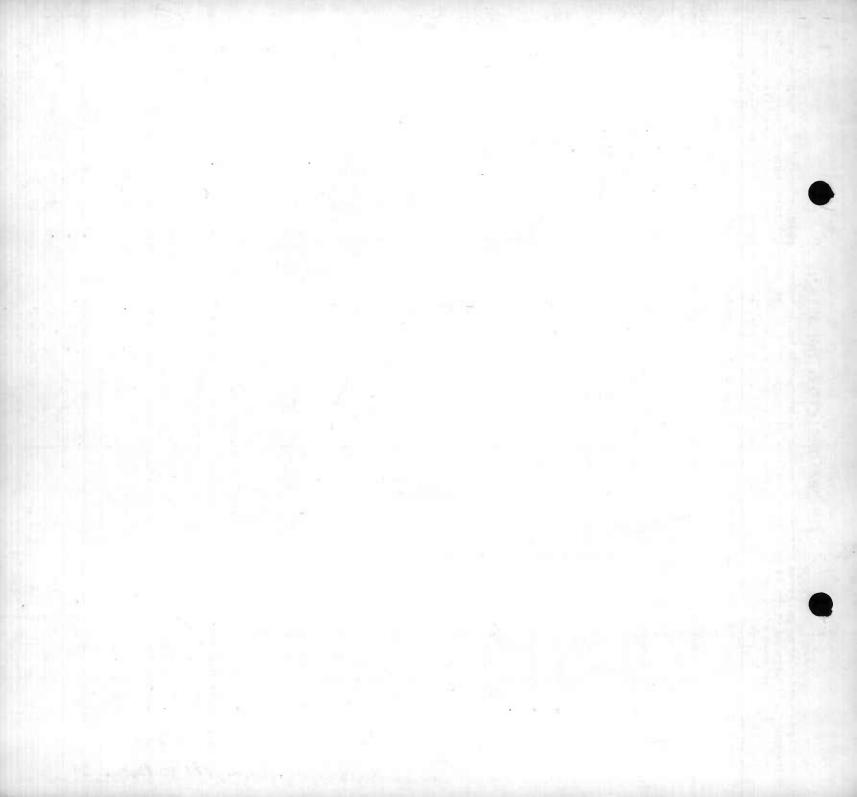
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BALTIMORE CITY HEALTH DEPARTMENT

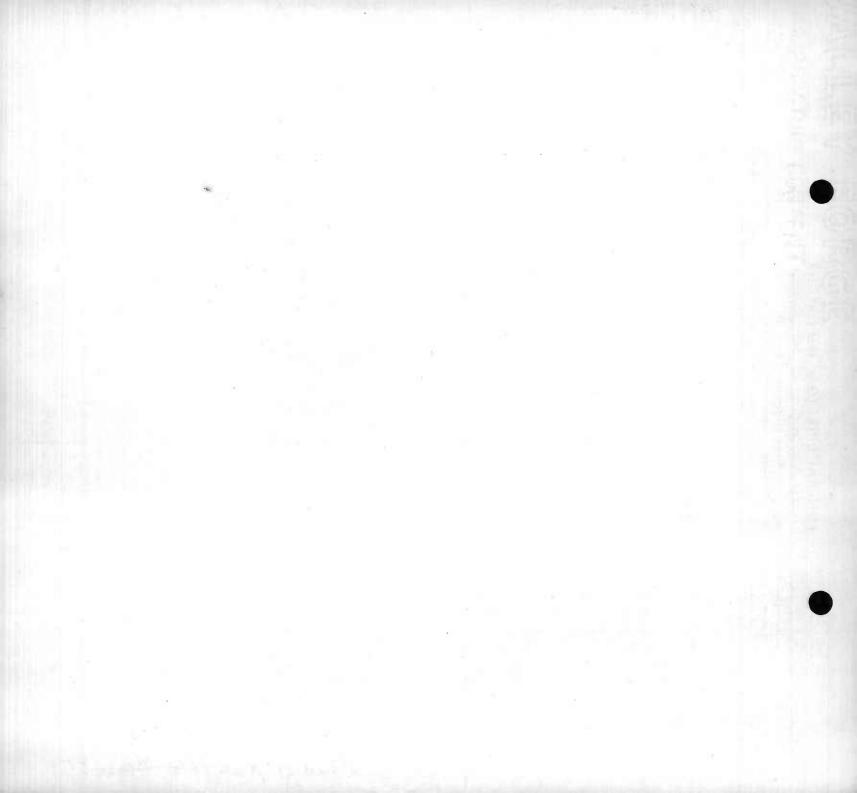


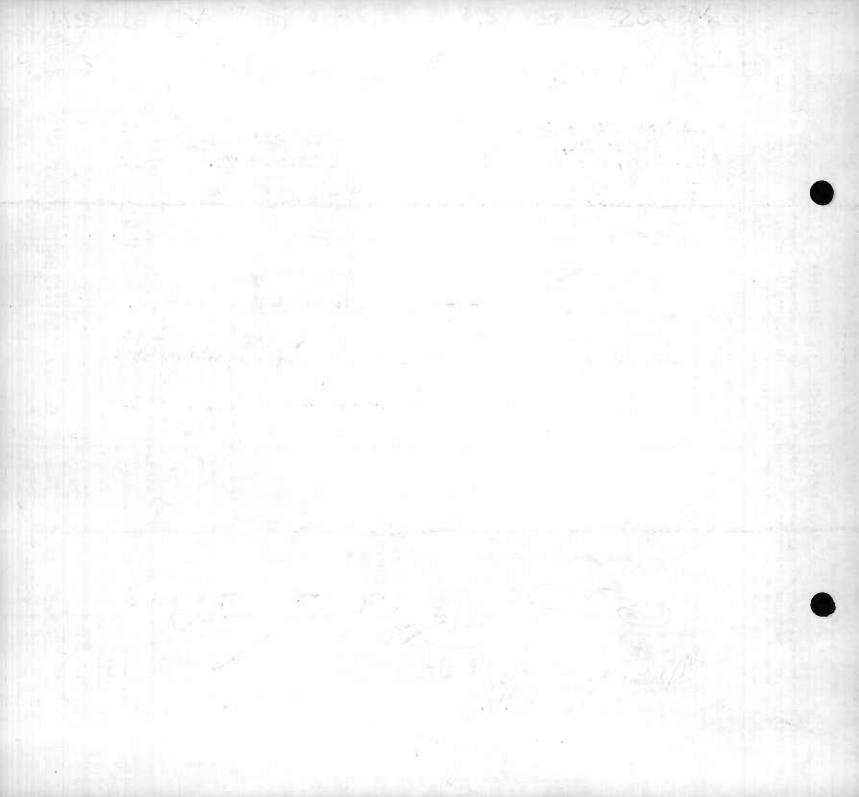
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FUNERAL DIRECTOR: IMPORTANT

0	-196			BALTIMORE CITY	TICALITI DEI ARTMETTI		68	0273
DIDT	-635	68	0273	CERTIFICA	TE OF DEATH	REG. NO	00	00.0
1. N	AME OF DECEASED e ar Print) Heorae	March	0		2. DATE AND	HOUR OF DEATH		1 30 A
3. P	LACE IN BALTIMORE, MA	ARYLAND, WHE	RE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (Where		stitution: resid	ence belore odmis
HD:	LL NAME OF SPITAL OR ADDRE	T IN HOSPITAL	OR INSTITUTION)	ON, GIVE STREET	Mai y land c. City ortown Baltime /e		IDE CITY LIMIT	No D
E	Son Secouls	Hosp.	,tal		1423 W. Le	ting form.	St.	71223
S. SI	Wegi		MARRIED X	DIVORCED _		ost birthdov	If Under 1 Months Do	Yr. It Under 24 Hours Min
	USUAL OCCUPATION (Gi during mast of working life, e		8, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	pr country)	12. CITIZEN	OF WHAT COUN
13. F	FATHER'S NAME	Inor			14. MOTHER'S MAIDEN NAM			
15. W (Yes,	Wos Deceased Ever in U.,	S. Armed Forces e wor or dates o	of service)	SOCIAL SECURITY NO. 18-05-3684	17. INFORMANT	idner.		Hollins
	DISEASES OR CONDI	hich caused de NT CAUSES TIONS, if any cause (A) st	eoth.) y, giving	Milar- (8)_DUE TD, DR AS	PREN lobe with mediastinal of	velastases Eynipä nö	des	
TION	OTHER SIGNIFICANT CONTO	I DITIONS CONTI RELATED TO THE	TERMINAL (A).	(c)				
	DISEASE OR CONDITION O			CH OPERATION		208, IF YES WERE		
	19A. DATE OF OPERATION			-0-	20A. AUTOPSY? (Yes ar No)	IN CERTIFYING CA	FINDINGS CO	ONSIDERED ATH?
AL CERTIFIC		198. CONDIT WAS PERFOR	RMED PLA	ACE OF INJURY (e.g., i	n or about 7/C. WHERE DID HIGH MANUEL PROCESS OF THE PROCESS OF TH	IN CERTIFYING CA	FINDINGS COUSES OF DEA	ATH?
MEDICAL CERTIFIC	21A. A CCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medical ex	N 198. CONDIT WAS PERFOR DERLYING D AUSE OF	RMED (21 B. PL.) home, etc.)	ACE OF INJURY (e.g., in a control of the control of	n or about 21C. WHERE DID ffice bidg., NJURY OCCUR?	(If in Soltimo	YES OF DE	ATH?
MEDICAL CERTIFIC	21A. ACCIDENT WAS UN OR CONTRIBUTING CADEATH (notify medical extended of INJURY (APPROX.)	198. CONDIT WAS PERFOR IDERLYING LUSE OF Doy) (Year) (Hour) 21E, IN White Work	JURY OCCURRED At Not Whill At Work	n or about 7 C. WHERE DID ffice bldg., NJURY OCCUR?	(If in Soltimo	City, give e	xoct lacation)
MEDICAL CERTIFIC	21A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notily medical exi 21D. TIME (Manth) (APPRDX.) 22. I certify that (I) (that (I) (we) lost sow the	N 198. CONDIT WAS PERFOR IDERLYING L LUSE OF cominer) Doy) (Year) (This hospital) of the deceased of the de	Hour) 21E. IN. White work	JURY OCCURRED At Not Whill At Work deceosed from	n or about 7 C. WHERE DID ffice bldg., NJURY OCCUR?	(If in Boltimo	City, give e	xoct lacation) 19 6 6 coccurred on the
MEDICAL CERTIFIC	21A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notily medical exi 21D. TIME (Manth) (APPRDX.) 22. I certify that (I) (that (I) (we) lost sow the	N 198. CONDIT WAS PERFOR IDERLYING L LUSE OF cominer) Doy) (Year) (This hospital) of the deceased of the de	Hour) 21E. IN. White work	JURY OCCURRED At Not Whill At Work deceosed from 3 2 M/2 . 1/0	n or about 21C. WHERE DID ffice bidg., NJURY OCCUR? 21F. HOW DID INJURY OF THE PROPERTY OF TH	IN CERTIFYING CA	City, give e	xoct lacation) 19 6 6 coccurred on the
MEDICAL CERTIFIC	21A. ACCIDENT WAS UNOR CONTRIBUTING CADEATH (notily medical existence) 21D. TIME (Manth) (OF INJURY (APPROX.) 22. I certify that (I) (t) that (I) we lost sow to ond hour and from the 23A. SIGNATURE	N 198. CONDIT WAS PERFOR IDERLYING L LUSE OF cominer) Doy) (Year) (This hospital) of the deceased of the de	Hour) 21E. IN. White work	JURY OCCURRED AI Not Whill AI Work deceosed from 3 2 4 5	n or about 21C. WHERE DID ffice bidg., NJURY OCCUR? 21F. HOW DID INJURY OF THE PROPERTY OF TH	(If in Boltimo	City, give e	xoct lacation) 19 6
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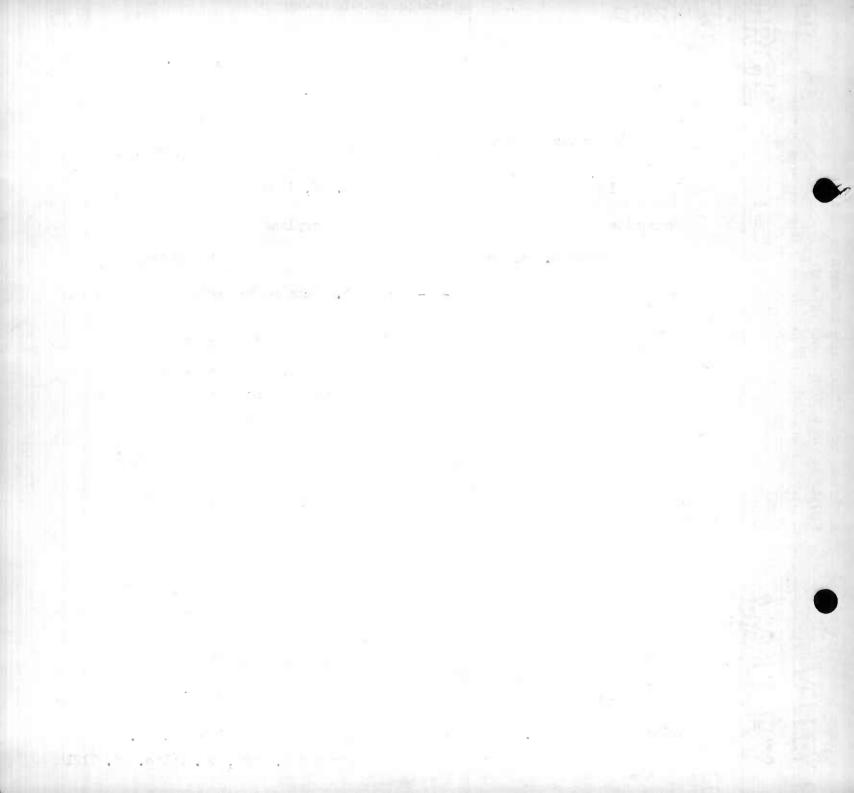




DIRECTOR:

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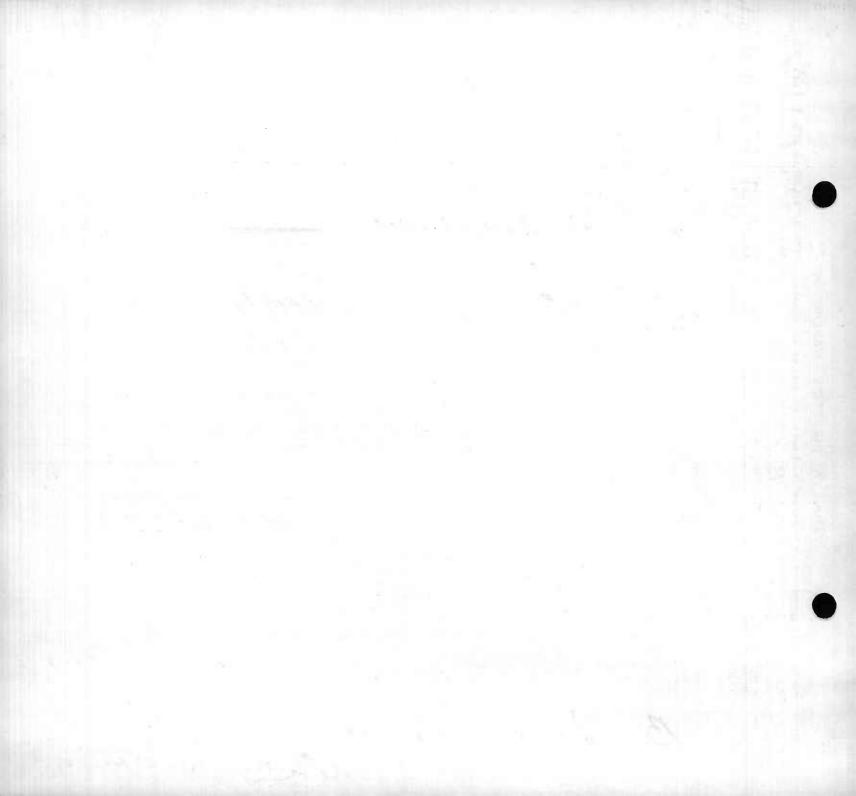
BALTIMORE CITY HEALTH DEPARTMENT



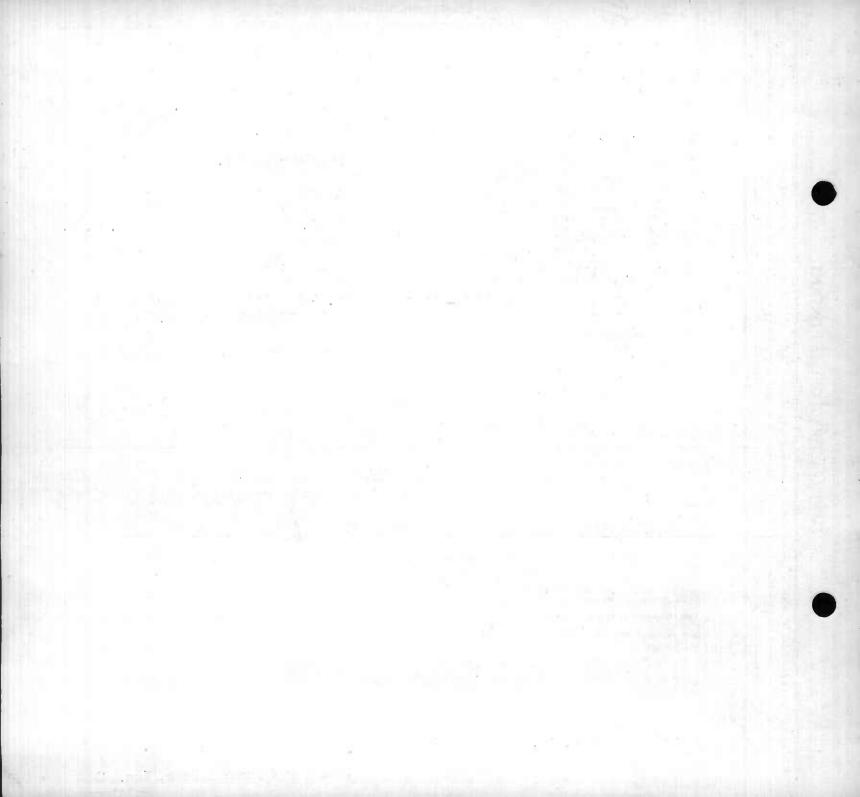
		00.		HEALTH DEPARTMEN		68 0276
BIRTH NO.	68	,02	6 CERTIFICA			
Type or Print)	DUSOR S	Haci	G Anna	2. DAT	E AND HOUR OF DEATH	120 9 N
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO		4. USUAL RESIDENCE	Where deceased lived. If OUNTY	institution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland		12-05
HOSPITAL OR	Baltimore Cit			c. CITY OR TOWN Baltimor		SIDE CITY LIMITS
71	4940 Eastern		. 000	E. STREET AND NUMB		YES 🔀 / NO 🗌
31	Baltimore, Mar		21224		orth Avenue	21202
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
Female	White	WIDOWED		1-9-1895	73 35%	
OA, USUAL OCC	UPATION (Give kind of work I working life, even if retired)	108, KIND OI	BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN OF WHAT COUNTRY
-	Cashier	Stewa	rt & Co	Maryland		U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN		
		vin Barr	'lck	3.0	Alice Harts	
Yes, no or unknow	d Ever in U. S. Armed For n) (If yes, give wor or dote		1 6. SOCIAL SECURITY NO.	17. INFORMANT	effman 2001. II	ADDRESS
No			213-10-5209	RECORDED LOCAL	offman 2904 H	amilton ave
UNDERLYIN	he abave cause (A)	slating the	(c)			
OTHER SIGNI	IFICANT CONDITIONS CO					
OTHER SIGNI	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR OF OPERATION 198. CON	HE TERMINAL T 1 (A).	WHICH OPERATION	20 A. AUTOPSY? (Yes	or No) 208, IF YES, WERE	FINDINGS CONSIDERED
OTHER SIGNI TO THE DEA DISEASE OR O	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR OF OPERATION 198. CON WAS PER	HE TERMINAL IT 1 (A). DITION FOR TORMED		NO		E FINDINGS CONSIDERED AUSES OF DEATH?
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OTHER SIGNI TO THE DEA DISEASE OR 1 19A. DATE O 21A. ACCIDI OR CONTRIB DEATH (notif UNITY (APPROX.) 22. 1 certify that (1) we and haur an 23A. SIGNAT 23C. PRYSICI, NAME (REMOVAL Burial	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR OF OPERATION 1988. CON WAS PER ENT WAS UNDERLYING ENT WAS UNDERLYING (Month) (Doy) (Year) The condition of the condition o	HE TERMINAL TI (A). DITION FOR FORMED 21B hom etc. (Hour) 21E Wh wa attended to dalive an ted abave 24C. N	PLACE OF INJURY (e.g., in the form, factory, street, and the factory). INJURY OCCURRED ile At Nat While At Work he deceased from the factory. Not Well (did) (did nat) very constant to the factory of	NO. n ar obout 21C. WHERE Diffice bldg, INJURY OCCU 21F. HOW DID 21F. HOW DID which is a second of the bady after decoration of	INJURY OCCUR? 19	inian deoth occurred on the date 23B. DATI SIGNED Hospitals more, Maryland 21224



1-160 CD D	DALIMONE CIT	HEALTH DEPARTMENT	00	OCHAIN
476 68 D	277 CERTIFICA	TE OF DEATH	reg. No. <u>68</u>	02//
BIRTH NO.	of a centuries			
Type or Print)		2. DATE AND HO	OUR OF DEATH	250
LEPHIR Hug	112 7	1/8/	18	111-1
3. PLACE IN BALTIMORE MARYCAND, WHERE	RONOUNCED DEAD	4. USUAL RESIDENCE (Where dec	cased lived, If institution	residence befare admission
1	NOTICED DEAD	A. STATE B. COUNTY		. 1
FULL NAME OF (IF NOT IN HOSPITAL OR	NSTITUTION GIVE STREET	md.		0/1/
HOSPITAL OR ADDRESS OR LOCATION)	NOTIFICATION, OF TE STREET	C. CITY OR TOWN	D. INSIDE CIT	LIANTES
NSTITUTION		12 1		
ha DP : 0		Naltimore	YES	NO NO
South Baltemore !	Ien. Hospital	E. STREET AND NUMBER		
)		1212 /50	-7 5-	2/29
5. SEX 6. RACE 7. MAI		8. DATE OF BIRTH 9. AC	E (In years If Ur	nder 1 Yr. If Under 24 H
. ser and a ser mai	RIED NEVER MARRIED		pirthdoy) Month	ns Doys Hours Min.
WIDO WIDO	WED DIVORCED	120/1892	75.	
OA. USUAL OCCUPATION (Give kind of work 10B, KII	D OF BUSINESS OR INDUSTRY		ountry) , 12, C	ITIZEN OF WHAT COUN
one during most of working life, even if retired)	71 01		1. 1	
109 - ODERAJOR JOJE	oth OLIPYANC		= lud.	115A
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	7	00/1
			/ 4	
Charles Zept		Dokothe	1 Lang.	
1/		17. INFORMANT	1 1	ADDRESS
5. Was Deceased Ever in U. S. Armed Forces? (es.no eyunknown) (If yes, give wor or dotes af ser	vice) SECURITY NO.	- y)	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
GES. 4/10#1	7.5 .0.155	+ Amila	- JAME	5
160	215-09-455 CAUSE OF DEAT	0.	0.077	APPROXIMATE INTERVA
1.410,0	CAUSE OF DEAT	. ,	1	BETWEEN ONSET AND DE
DISEASE OR CONDITION DIRECTLY		- 1 / +	- / /	
LEADING TO DEATH	(A) IMMEDIATE CAU	racing hear	taline	
(This does not mean the made of dying,	e.g., DUFTO OR AS	A CONSEQUENCE OF	····/	
heart failure, asthenia, etc. It means the dis	eose,	7.00	U	
injury as camplication which caused death.)			1 1 -	
ANTECEDENT CAUSES	ale	ule morando	1 m tarch	in.
DISTASES OF CONDITIONS "	DUE TO, OR AS	A CONSCOURNE POR		.]3
DISEASES OR CONDITIONS, if any, rise to the above couse (A) stating		A CONSEGUENCE OF	10	
UNDERLYING CONDITION lost.	(c) come	in devotes Carolin	varuley 1 rea	~∤
	_/			
7 420,1				
O OTHER SIGNIFICANT CONDITIONS CONTRIBU				
☐ TO THE DEATH BUT NOT RELATED TO THE TERM ✓ DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 201	B. IF YES, WERE FINDIN	GS CONSIDERED
₩AS PERFORMED		IN	CERTIFYING CAUSES O	
he /				F DEATH?
W (L	Too S at 1 and 2	· In a · · · ·		
2TA. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	in or obout 21 C. WHERE DID	(If In Boltimore City,	
2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	in or obout 21C. WHERE DID	(If In Boltimore City,	
TA. A CCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	ffice bldg., INJURY OCCUR?		
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	home, form, foctory, street, of	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?		
TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While AI Not White	21F. HOW DID INJURY		
TA. A CCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	home, form, foctory, street, of etc.) 21 E. INJURY OCCURRED	21F. HOW DID INJURY		
TA. A CCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Nork Not Whit	21F. HOW DID INJURY	OCCUR?	give exact location)
TTA. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21 D. TIME (Month) (Doy) (Year) (Hourd APPROX.) 22. I certify that (1) (this haspital) attention	home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While AI Not Whit A1 Work ded the deceased fram	thice bidgs, INJURY OCCUR?	OCCUR?	give exact facation)
TA. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21 D. TIME (Month) (Doy) (Yeor) (Hourd OF INJURY (APPROX.)	home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While AI Not Whit A1 Work ded the deceased fram	thice bidgs, INJURY OCCUR?	OCCUR?	give exect focotion)
TTA. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hours (APPROX.) 22. I certify that (I) (this haspital) attenthat (I) (we) last saw the deceased alive	home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not Whit At Work ded the deceased fram	le	OCCUR?	give exect focotion)
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D.TIME (Month) (Doy) (Year) (Hours (APPROX.) 22. I certify that (I) (this haspital) attempthat (I) (we) last saw the deceased alive and haur and from the causes stated about	home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not Whit At Work ded the deceased fram	le	OCCUR? tatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatatata	give exect focotion) 19 eath accurred an the c
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hourd OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attemthat (I) (we) last saw the deceased alive and haur and fram the causes stated about 23A. SIGNATURE	home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not Whit At Work ded the deceased fram	te	OCCUR? tata (my) (aur) apinian d	give exact facation)
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Hourd OF INJURY) (APPROX.) 22. I certify that (I) (this haspital) attenthat (I) (we) last saw the deceased aliverand haur and from the causes stated about	home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While A1 Not Whit A1 Work ded the deceased fram ve. (I) (We) (did) (did nat) ve.	te	OCCUR? tata (my) (aur) apinian d	give exect focotion) 19 eath accurred an the c
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Hourd (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated about 23A. SIGNATURE	home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While AI Not White AI Work ded the deceased fram	te	OCCUR? tata (my) (aur) apinian d	give exact facation) 19 eath accurred an the d
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hourd OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attent that (I) (we) last saw the deceased alive and haur and fram the causes stated about 23A. SIGNATURE	home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While AI Not White AI Work ded the deceased fram	te	OCCUR? tata (my) (aur) apinian d	give exact facation) 19 eath accurred an the d
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hourd of INJURY (APPROX.) 22. I certify that (I) (this haspital) attent that (I) (we) last saw the deceased alive and haur and fram the causes stated about 23A. SIGN PURE	home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While AI Not White At Work ded the deceased fram	te	OCCUR? tata (my) (aur) apinian d	give exect location) 19 eath accurred an the d
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hourd OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased allow and haur and fram the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not Whit At Work ded the deceased fram	te	occur? ta (my) (aur) apinian d	give exect location) 19 eath accurred an the d
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hours OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased allowed and haur and fram the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While AI Not White At Work ded the deceased fram	te	occur? ta (my) (aur) apinian d	give exect location) 19 eath accurred an the d
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hourd OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attent that (I) (we) last saw the deceased allow and haur and fram the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not Whit At Work ded the deceased fram	te	occur? ta (my) (aur) apinian d	give exect location) 19 eath accurred an the d
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Hourd OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attent that (I) (we) last saw the deceased alive and haur and fram the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While AI Not White At Work ded the deceased fram	iffice bldg., INJURY OCCUR? 21F. HOW DID INJURY 19	occur? ta (my) (aur) apinian d	eath accurred an the d
27A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Hourd of INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. BATE 25A. DATE REC'D BY HEALTH DEPT. 25B. N.	home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While AI Not White At Work ded the deceased fram	te	occur? ta (my) (aur) apinian d	give exect location) 19 eath accurred an the d
27A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Hourd PROX.) 22. I certify that (I) (this haspital) attenthat (I) (we) last saw the deceased alive and haur and fram the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL, CREMATION, 24B. DATE REMOVAL (Specify)	home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While AI Not White At Work ded the deceased fram	iffice bldg., INJURY OCCUR? 21F. HOW DID INJURY 19	occur? ta (my) (aur) apinian d	eath accurred an the d
27A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Hourd of INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. BATE REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 25B. N.	home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While AI Not White At Work ded the deceased fram	iffice bldg., INJURY OCCUR? 21F. HOW DID INJURY 19	occur? ta (my) (aur) apinian d	eath accurred an the d



0.300		HEALTH DEPARTMENT		00 00m0
IRTH NO. 68 02	78 CERTIFICA	TE OF DEATH	REG. NO	00 02/0
NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
PLACE IN BALTIMORE MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	deceased lived. If in:	15:40 P M
ULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	Levindale Nur		77-17
ULL NAME OF OSPITAL OR IN ADDRESS OR LOCATION)		C. CITY OR TOWN		DE CITY LIMITS?
Levindale Hebrew H	eme and	Baltimore, Md.		YES & NO
Tullymany		Belverdear Ave	enue.	
SEX 6. RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours: Min.
emale White widow		1884	84	
N. USUAL OCCUPATION (Give kind of work 10B, KINE to during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	Russia	ign country)	12. CITIZEN OF WHAT COUNTRY
Garment Industry			145	U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Louis I Quitt Wos Decosed Ever in U. S. Armed Forces?	1 6. SOCIAL	Eva Quitt		ADDRESS
s,no or unknown) (If yes, give wor or dotes of servi	SECURITY NO. 215-018047 A	Dr. Sol Quit	t Temple Gar	
18. 14 12 . O	CAUSE OF DEATH	Madison & Cl	over Avenue.	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		00		A AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:		Munules
hearl failure, aslhenia, etc. It means the dise- injury or complication which coused death.)		A CONSEQUENCE OF		
ANTECEDENT CAUSES	Huon	Idulying ARCILL	0	wears.
DISEASES OR CONDITIONS, if any, give		A CONSEQUENCE OF:		4 2003
rise to the above couse (A) slating UNDERLYING CONDITION last.	(C)			
443 X II	, ,	0 .		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN		any falls à h	end myunes	years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINDISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED
WAS PERFORMED		yes		Vo
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	fice bidg., INJURY OCCUR?	(If in Boltimore	e City, give exoct locotion)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	URY OCCUR?	
21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	While At At Work	e 🗍		
22. I certify that (1) (this hospital) ottendo	1	, Till	19 64 to 11	8 1968
that (1) (we) lost saw the deceased alive	110	/ 0	,	nian deoth occurred on the dot
ond haur and from the couses stated obove	e. (1) (We) (did) (did.mot) v			
23A. SIGNATURE				23B. DATE SIGNED
Jusan Legat 1	DEGREE Phys	nding Med. Director	Staff Phys.	118168
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	DEGREE			
A. BURIAL CREMATION, 24B. DATE 246 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (Ci	ly, town, or county) (State)
Provide 7	8 Shaarie Zion	Com Ro	sedale. M	ld.
JAN 1 0 1968 Poles E.	ME OF REGISTRAR			ADDRESS
		Jack Lewis F	uneral Home,	Inc. 2100 Futaw I
150-REV. 1/1/6B				Rollinges Wa



toul not get the first transfer that the constant of the const

Company and the Section

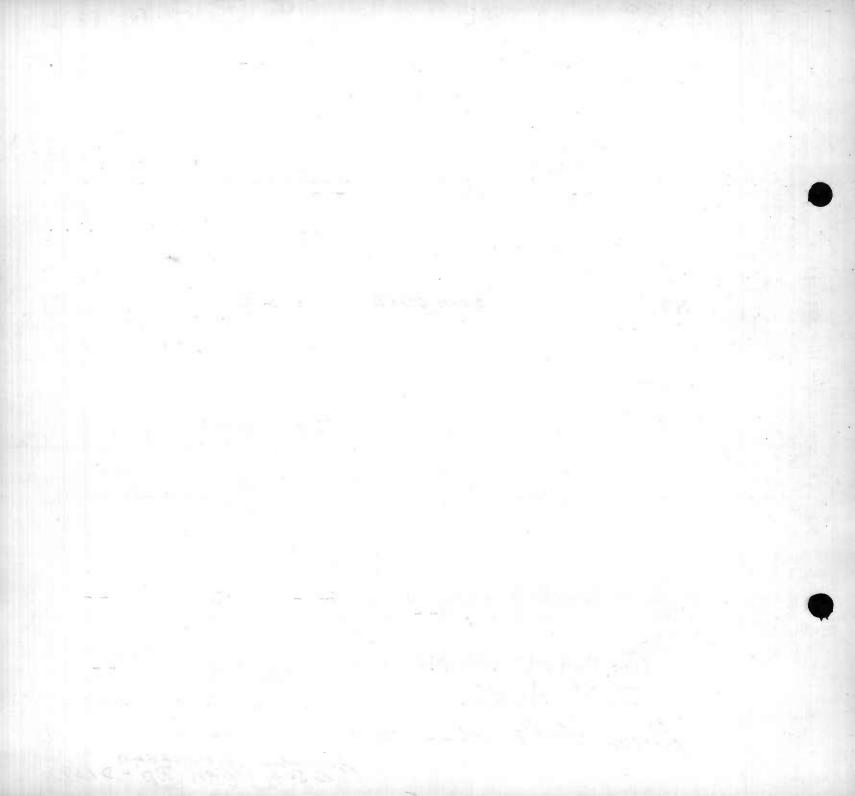
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68 0280 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAM	INER'S C	CERTIFICATE OF DEATH REG. NO.	68 0280
BIRTH NO.			T T
I. NAME OF DECEASED (Type or Print) THOMAS S. Q1	JEEN	2. DATE Known & Month Day OF DEATH Estimated January 5, 1	968 3:40 P _M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED		3. DATE Month Day	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION) OR INSTITUTION	STREET	PRONOUNCED DEAD January 5, 196 5. USUAL RESIDENCE (Where deceased lived. If institution: re	М.
3 Johns Hopkins Hospital		A. STATE Maryland B. COUNTY	harles
6. SEX 7. RACE B. MARRIED NEVEL	MARRIED A	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
Male Negro widowed	DIVORCED -	Bel Alton (Rural) YES	□ NO 🗔
9. DATE OF BIRTH 10. AGE (In years last birthday) 20 Feb. 23, 1947 Inst birthday) 20	If Under 24 Hrs. Hours Min.	E. STREET AND NUMBER	
11. BIRTHPLACE(State ar foreign cauntry) 12. CITIZEN (OF.	13. FATHER'S NAME	
WHAT CO	UNTRY?		
Mary Land US 14A.USUAL OCCUPATION (Give kind of wark) 14B. KIND OF BUSINES:	OR INDUSTRY	JOSEDN S. Wileen	
done during most of warking life, even it retired)			
Laborer-Construction 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOC	· IAI	Grace E. Mickle IB. INFORMANT ADDI	RESS
(Yes, na ar unknawn) (If yes, give war or dates af service)	URITY NO.	Joseph S. Queen-Father -L	a Plata, Md.
19. = 96518	AUSE OF DEAT	тн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Broncho	pneumonia	
LEADING TO DEATH	(A)IMMEDIATE C	AUSE	
(This does nat mean the made of dying, e.g., heart failure, asthenia, etc. It meons the disease, injury or camplication which caused death.)		AS A CONSEQUENCE OF:	
	Gunsho	t Wounds of chest and abdomen	
	(B)	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
UNDERLYING CONDITION LAST.	(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH (C)			
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH O	OPERATION WA	AS PERFORMED 2	1. AUTOPSY? (Yes or No) Yes
₹ 22A. EXTERNAL CAUSE WAS 228.PLACE O	F INTURY(e.g.	in or obout 22C. WHERE DID (If in Baltimore City, give exact I	acation)
O UNDERIVING TOP CONTRIB. hame, farm, far	ctary, street, affice	e bldg., etc.) INJURY OCCUR?	
	lding	Willing Helper:Hall - La	Plata, Md.
OF INJURY 12 23 67 1:30 WHILE AT WORK	not	WHILE Subj. shot at a dance	58-00
23.			
I certify that I held on Inquiry Inspec	tion Au	topsy 🗷 ond that on this basis, death in my op	inion
resulted from: Notural causes Accident	Suicid	Homicide X Undetermined manner	
1110	_)	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE WALL NO.	M.D	ASSISTANT MEDICAL EXAMINER	DAIL SIGITES
EXAMINER Werner U. Spitz,		ACCOCIATE MEDICAL EVAMINED	L-6-68
24A. BURIAL CREMATION, 24B. DATE 24C. NAME	of CEMETERY	or CREMATORY 24D. LOCATION (City, town, c	or county) (State)
Burial 1/9/1968 Sac	red Hea	art Cemetery La Plata,	Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REG			PRESS
JAN 1 0 1968 Robert E. Farkey		Arehart Funeral Home, I	inc.La Plata,
VS 151-REV. 1/1/6B			

, , , ALBUM, Sales

13-38]	2-500 68 0281 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 68 0281	
and the the the	CERTIFICATE OF DEATH	
(5) Deceased ance on the death. Such	INAME OF DECEASED Type or Pint) Ellen Lewin 2. Date and hour of Death 1-6-1968 6.50P	
death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission at STATE B. COUNTY	n)
	FULL NAME OF ADDRESS OR LOCATION) GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?	_
	Baltimore City Hospitals Baltimore YES X NO L	
	4940 Eastern Avenue E. STREET AND NUMBER 21224	- 7
Ļ	Baltimore, Maryland 21224 4940 Eastern Avenue, Baltimore City Hospita	
5	Female White WINDOWED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 90 Hours Min.	15.
	TOMOLEO THE DITOROLD	. DV2
	tone during most of working life, even if retired)	KI:
	HOME HAKER Waryland U. SS.A.	
1	Andrew Connolly Andrew Connolly Bridget Kelly	
1	S. Was Deceased Ever in U. S. Armed Forces? Yes, na or unknawn) (If yes, give wor or dotes af service) 16. SOCIAL SECURITY NO. 2/8-10-6928B Record: BCH-4940 Eastern Avenue 21224	
	18. 569 9 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH A Spiration Presumonia 3 days	
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE Aspiration Pneumonia 3 days DUE TO, OR AS A CONSEQUENCE OF:	
	hearl foilure, osthenio, etc. II means the disease,	
	ANTECEDENT CAUSES Gastrointestinal Bleeding 3 days	
	DISFASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:	
	rise to the above cause (A) stating the Site undetermined	
	UNDERLYING CONDITION last. (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	O OTHER STIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	E O NO	
	OR CONTRIBUTING CAUSE OF Correct Control of the form. factory, street, office bldg., INJURY OCCUR?	
	S DEATH (notify medical examiner) etc.)	
	21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While	
ŀ	Work L At Wark L	
	22. I certify that (I) (this haspital) attended the deceased from 12-19- 19 61 to 1-6- 19 68	,
	that (1) (we) last saw the deceased alive an 1-6- 19 68 and that in (my) (aur) opinion deoth occurred an the deceased alive an 1-6- 19 68	ote
	and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.	
	23A. SIGNATORE	
	Great Abending Med. Staff Director Phys. Director 1-6-1968	
	23C. PHYSICIAN'S 23D. ADDRESS Rollimore City Hospitals	
	1940 Eastern Avenue Baltimore Maryland 2122	24
-	24A. BURTAL CREMATION, 24B. DAJE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)	
	NIDURI 1/10/68 HOLL SEDEEMER SALTO. MD.	
	25A. PATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 250 EUNERAL DIRECTOR ADDRESS	
	JAN 1 0 1968 Olobud E. Jankuma MITCHELL-VIEBERED-21212	
\ \	VS 150-REV, 1/1/68	



IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

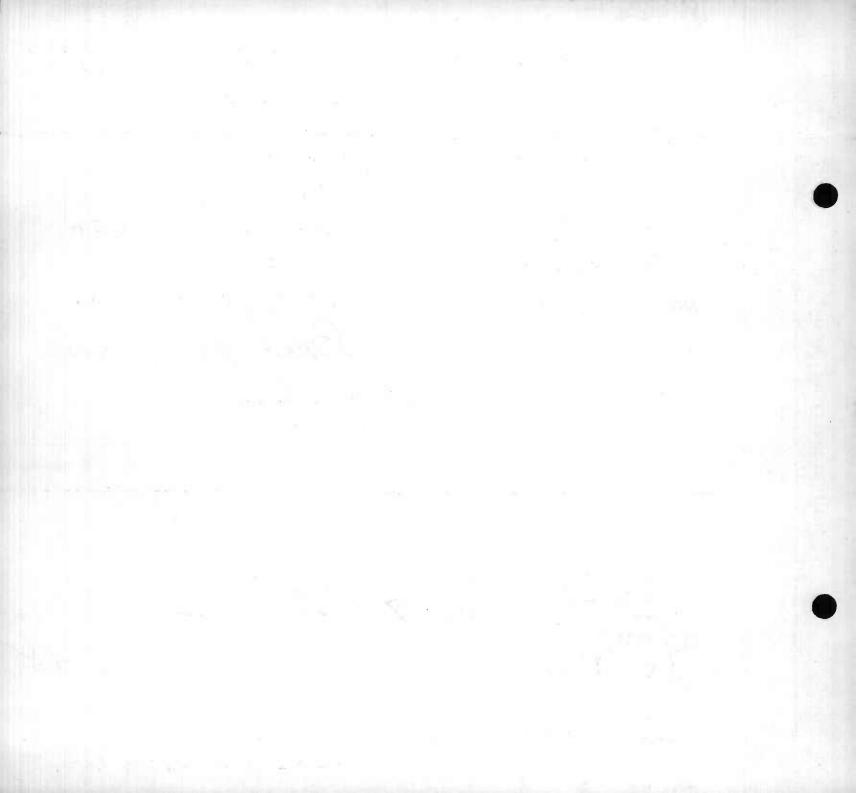
X DEFECTION OF THE SHOPE VALUE 8201 BOMBI Curt WALYMAN CHALYMAN JOHN T. GRINES ST. MARIE O'CCUUTLL CARCING BR PAINCRRAS OW

united Manual Miles

January W, 68 67 January Co

ACCURE CHILDINGS PRINCIPS

BIRTH NO.				ATE OF DEATH	AND HOUR OF DEAL	TIL	/ /
Type or Print)		M. Hani	n	2. 1/7	1968	1 /	100%
3. PLACE IN B	ALTIMORE, MARYLAND, V	WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (VA. STATE B. CO	here deceased lived. I	f institution: residence	before odm
FULL NAME O	F (IF NOT IN HOSPI	TAL OR INSTITU	JTION. GIVE STREET		ltimore	1	7-1
HOSPITAL OR	ADDRESS OR LOC	ATION)	JTION, GIVE STREET	C. CITY OR TOWN	D. II	NSIDE CITY LIMITS?	1
OA	Hill Crest	Nursing	Home	Baltimore		YES 🗀	NO 🗌
70	212 Stoney			4206 Roland			
5. SEX	6. RACE		NEVER MARRIED X	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr.	If Under 2
Female	White	WIDOWED		7 .7 . 7 0 7 000	lost birthdoy)	Months Doys	Hours
INA. USUAL OC	CUPATION (Give kind of wor	rk 10B, KIND OF		RY 11. BIRTHPLACE (State or		12. CITIZEN OF	WHAT CO
	of working life, even if retired)			Hampstead,	Md.	0.5	A
Het 13. FATHER'S N	ired			14. MOTHER'S MAIDEN I		0.5	
	Francis L.	Hann		Gary Pri			
5. Was Deceme			1 6. SOCIAL	17. INFORMANT		ADDRE	SS
	ed Ever in U. S. Armed Fo wn) (If yes, give wor or dot	tes of service)	SECURITY NO.	Mrs. Albert	Foresti Min		
NO 18.			CAUSE OF DEA		roresti 440.		XIMATE INTE
DISEASES rise 1a	amplication which couse ANTECEDENT CAUSE OR CONDITIONS, if the above cause (A) NG CONDITION lost,	S any, giving	(B) DUE TO, OR (C)	AUSE AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	recó		
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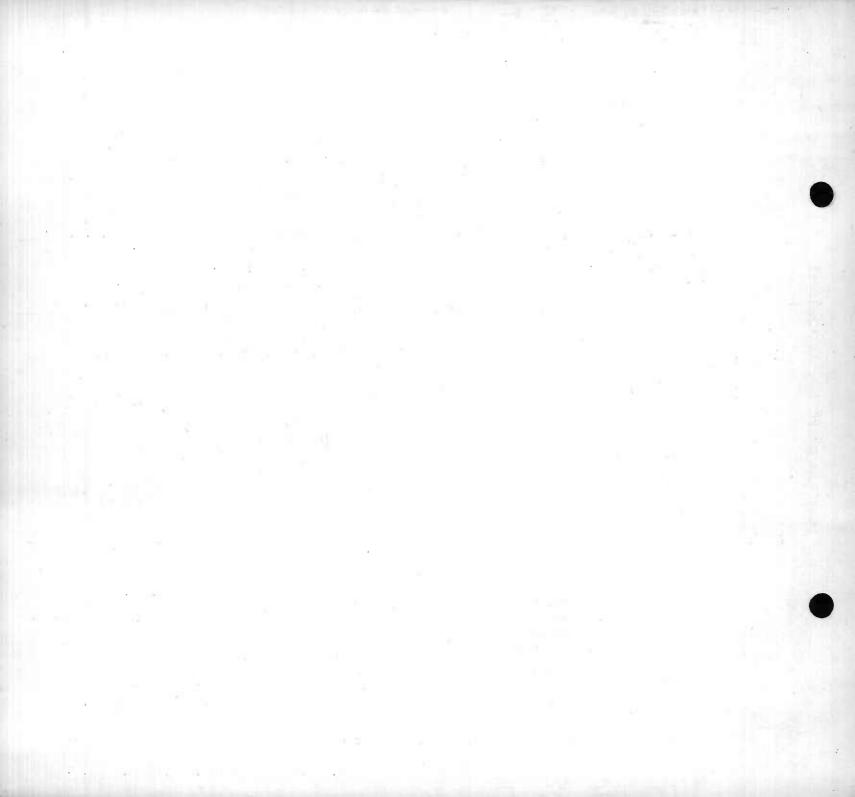


VS 151-REV. 1/1/68

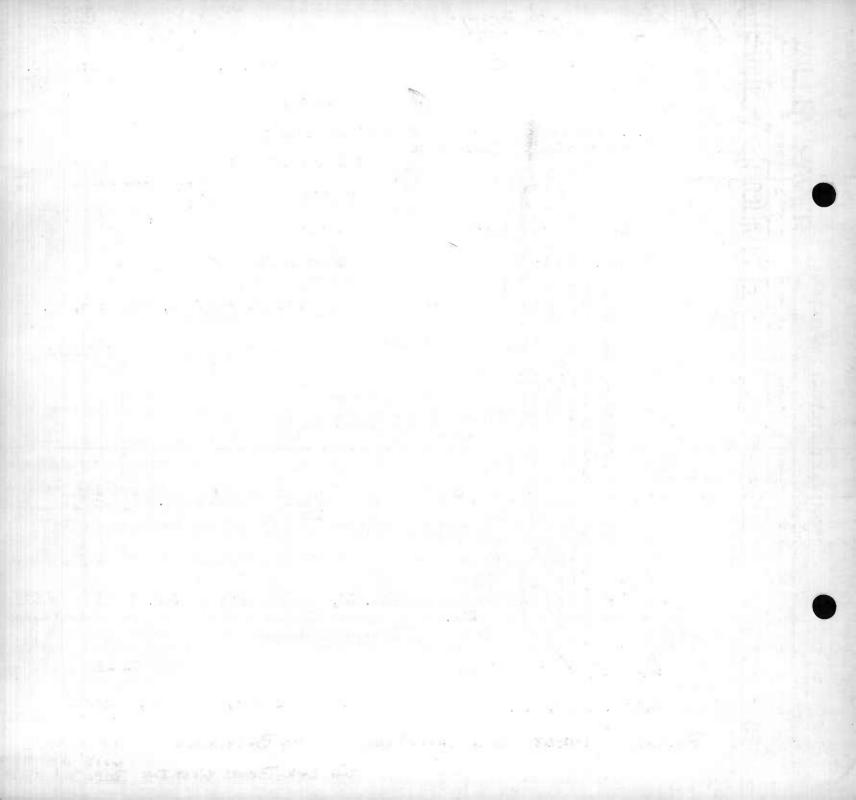
VS 151-REV, 1/1/68

0

1-20			0	HEALTH DEPARTMENT		00 0286
BIRTH NO.	68	028	6 CERTIFICA	TE OF DEATH	REG. NO	
NAME OF DECI	EA SED				ND HOUR OF DEATH	1
Type or Print)	FRENE	*	2 LEWIS	1-	6-68	6 30 4
PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONO	INCED DEAD	4. USUAL RESIDENCE (Wh.		institution: residence before admission
ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	MARYLAND		1 De Ohouse
OSPITAL OR				C. CITY OR TOWN	D. 1N	SIDE CITY LIMITS?
21	BALTIMORE (BALTIMORE		YES 🛣 NO 🗌
>1	4940 Easter			E. STREET AND NUMBER	1449 Medfie	eld Ave., 21211
	Baltimore,	Marylar	id 21224		L Street -	Home Address
	6. RACE	7. MARRIED	NEVER MARRIED X	B. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Yr. If Under 24 Hr Manths Doys Haurs Min.
FEMALE	WHITE	WIDOWED		9/24/93	74	
	JPATION (Give kind af work vorking life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTS
Teacher			School	Virginia		U.S.A.
FATHER'S NAM			2011002	14. MOTHER'S MAIDEN NA	ME	0.0.11.
Tomos	Lewis			Wirednia W	horocod	
	Ever in U. S. Armed For	ces?	1 6. SOCIAL	Virginia T		C + 2239QdA
es, no or unknown)	(If yes, give wor or dote	s of service)	SECURITY NO.			e City And Bitals
No			214-22-9983		venue, Balt	imore, Md. 21224
18. 1421	, O I		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	E OR CONDITION DI	RECTLY		C 4 1		+
	LEADING TO DEATH		(A) IMMEDIATE CAU	SE Crimal Vas	c. acciden	1 24 hrs.
	al mean the made of asthenia, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:		
	plicolian which caused					
A	ANTECEDENT CAUSES		(0)	Septio Em	holes	74 hr
DISEASES O	R CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	abave cause (A)	sloling the		Cilorento B	act. Endoc	and Bi 7 mot 200h
44 .	CONDITION last.		(C)	SMARL TO		, , , , , , , , , , , , , , , , , , , ,
430.0		LITERDUTING				
TO THE DEAT	ICANT CONDITIONS CO H BUT NOT RELATED TO TI	HE TERMINAL				
DISEASE OR CO	OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 20B. IF YES WERE	FINDINGS CONSIDERED
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF	WAS PERI		THE STERNION	YES		AUSES OF DEATH? YES
21A ACCIDEN	IT WAS UNDERLYING	7 21 B.	PLACE OF INJURY (e. q., in	n or about 21 C. WHERE DID	(If in Boltims	ore City, give exact location)
OR CONTRIBU	TING CAUSE OF	hom etc.)	e, form, foctory, street, of	fice bldg., INJURY OCCUR?	(,, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or only, give exact locollon,
2						
OF INJURY	(Manth) (Day) (Year)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		Wo	ile At Not While			
22. I certify	that (1) (this hospital) ottended ti	ne deceased from	1-2	19 68 to	1-6 1068
	last sow the decease			10/08		pinian deoth accurred an the do
-						orman deorn accurred an the ac
		ted above. (1) (We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATU	RE		440	and and		23B. DATE SIGNED
Var	id H. He	Sur	DEGREE Phys	nding Med. Director	Phys.	1/6/60
23C. PHYSICIAL	N'S	01		23D. ADDRESS BALTIMO	RE CITY HOS	PITALS
HAWKE CIT	DAVID H. I	HUFFMAN	Land Office	4940 Eastern A	venue. Balt	imore, Md. 21224
IA. BURIAL CREA	MATION, 24B. DATE	24C. N	DEGREE AME of CEMETERY OF CRE			City, town, or county) (State)
REMOVAL (S	pecify)					
Burial	1-10-68		Prospect Hill		owson	Maryland
A. DATE BECO	1 0 1968 (P O	2SB. NAME C		25C. FUNERAL DIRECTO	R	ADDRESS
	1300 066	13 du	Fallman	Wm. Cook-Broo	oks Inc, B	Balto., Md. 21202
'S 150~REV, 1/1/6						



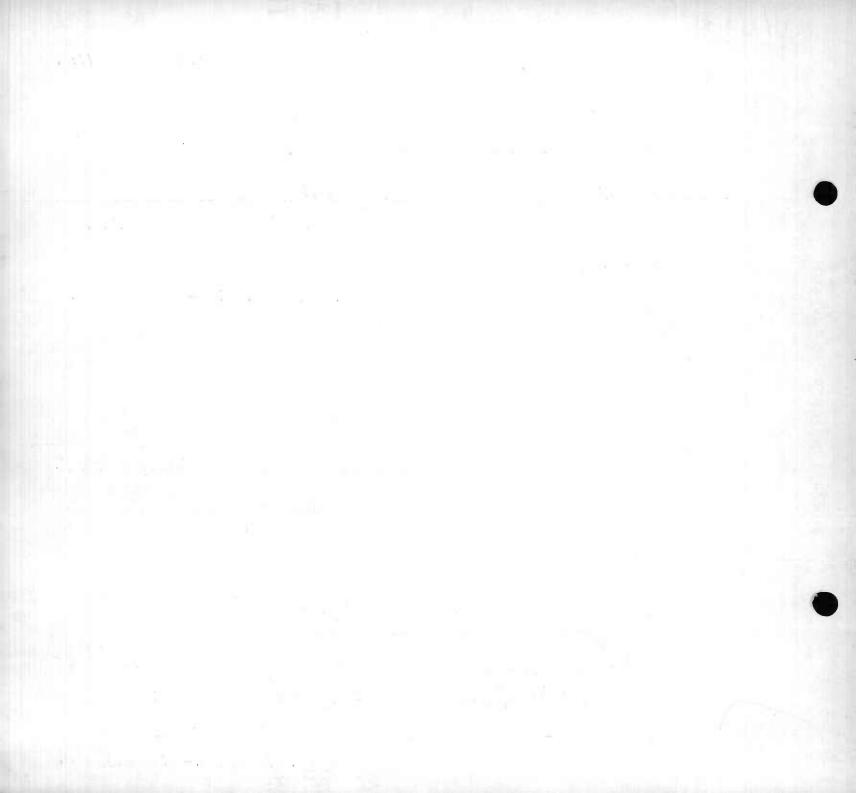
H-43	20 68	nos	BALTIMORE CITY	HEALTH D	EPARTMENT	REG. NO.	68	0287
BIRTH NO.		URC	7 CERTIFICA	IF OF		X	/	
1. NAME OF DE		ATAGGTO			-	AND HOUR OF DEA		
	SANTO VINCENT .		INCED DEAD	A HSDAL	Ja PESIDENCE (WI	n. 8, 1968	f in ditutions of	11:55 Р. м.
S. PLACE III BA	CHIMORE MARIEAND, W	HEKE PRONO	DNCED DEAD	A. STATE	B. COU	NIY	r majitution; re	rsidence before odmission)
FULL NAME OF	F (IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET		-	oward Co		
INSTITUTION			and a Hamilton	C. CITY OR			NSIDE CITY LI	
	J.S. Public Helyman Park Dri				OTT CITY		YES	NO K
0X "	yman rark Dri	AE & DIS	st Street		rookwood	Road	(63.00
5. SEX	6. RACE	7. MARRIED	X NEVER MARRIED	B. DATE OF		9. AGE (In years	If Under	1 Yr., If Under 24 Hrs.
M	W	WIDOWED		7/10	/07	lost birthday	Months	Doys Hours Min.
IOA. USUAL OC	CUPATION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPL	ACE (State or fo	reign country)	12. CITI2	EN OF WHAT COUNTRY?
	f working lile, even if retired) Iawling	Unkr	nown	Mar	yland		ι	JSA
13. FATHER'S NA	AME				R'S MAIDEN N	AME		
V	incent Alascie	0		Con	cetta Ge	nevese		
15. Was Decease	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORM	ANT			ADDRESS
No No	n) (If yes, give war or date	s of service)	SECURITY NO.	D		777 77 11-7	2 2 1 1	262
1B, //	0 1 .		Unknown CAUSE OF DEATH		ras US P	HS Hospital	, Balti	APPROXIMATE INTERVAL
/ 6	ASE OR CONDITION DIE	DECTI V						BETWEEN ONSET AND DEATH
Distr	LEADING TO DEATH	KECILI	Adenocarci		of the lu	ng		5 months
	not mean the made of		(A) MMEDIATE CAU	A CONSEQUENCE OF:				<i>y</i> 21.021 9120
	, asthenia, etc. Il means implication which caused							
	ANTECEDENT CAUSES		(a)					
DISEASES	OR CONDITIONS, if	any, giving	(B) DUE TO, OR AS	A CONSEQU	ENCE OF:	***************************************		
	he abave cause (A)	stoting the	7.					
4 . = 14			(C)					
O OTHER SIGN		NTRIBUTING						
✓ DISEASE OR	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR					••••••		
	F OPERATION 198. CON	DITION FOR V	VHICH OPERATION	20 A. AU	TOPSY? (Yes or I	IN CERTIFYING	RE FINDINGS	CONSIDERED
W					Yes			
OR CONTRIE	ENT WAS UNDERLYING DUTING CAUSE OF Ly medical exominer		PLACE OF INJURY (e.g., ir e, form, factory, street, off			(If in Boltin	more City, give	e exact location)
O 21D. TIME	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21	F. HOW DID IN	IJURY OCCUR?		
OF INJURY		Whi	le At Not While					
		Wor				/~		
11	y that (1) (this hospital				/ d		an. 8	19 68 ,
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	nd fram the couses stat	ed obove./()	(We) (did) (did) (hopi) vi	ew the boo	dy after deoth	•		
23A. SIGNAT	URE O					s. " —		E SIGNED
u	Jacter TO	ster	DEGREE Phys	ding _	Med. Director	Staff Phys.	1-9	2-68
PHYSICI NAME	AN'S Type)		2	3D. ADDRES	S			
Walt	er F. Oster, 1	M.D.	DEGREE	US P	HS Hospi	tal, Baltin	ore, Ma	aryland
24A. BURIAL CR REMOVAL	EMATION, 248. DATE		ME of CEMETERY OF CRE	MATORY	24D.	LOCATION	(City, town, o	r county) (State)
Buein	1-12-68	3 NEL	CAThedRA	L CRI	neter 13	ALTIMORE	n	naeyLand
25A. DATE REC'I	BY HEALTH DEPT.	25B. NAME 0	F REGISTRAR				4	OZ 12 BALL NAT. PIK
JAN	1 0 1968 020	DE. 3	arbey Mil	wm.	Cook-B	ROOKS WEST	INC T	3AHO. Md. 21229
VS 150-REV. 1/1.	/6R							-



Letter from Johns Hopkins Hospital 1-16-58 M.H.

Such

68 (1289 BALTIMORE CITY	HEALTH DEPARTMENT	0000
	CERTIFICA	TE OF DEATH REG	. No. 68 0289
BIRTH NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF	F DEATH
(Type or Print) (atherine A.)	Hoblen	January 5, 1	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased	lived. If institutions residence before admission
		A. STATE B. COUNTY	.0 1)/
FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
NSITUTION		Baltimore	YES NO
90 , 016 , 6	, 11	E. STREET AND NUMBER hase Street	
Harford Gardens Con	rvalescent Home	003 C. Mase stre	eet
. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In	veors If Under 1, Yr. If Under 24 Hrs Months; Doys Hours; Min.
Female White WIDO	WED DIVORCED	Jan. 2, 1880 last birthdoy)	Within S Doys Hours Willi.
A. USUAL OCCUPATION (Give kind of work 10B, KIN	ID OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTE
one during most of working life, even if retired)		Germany	U.S.A.
S. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
		THE WAREN IN COME	
Jacob Boehl	11 / 20		
es, no or unknown) (If yes, give wor or dates of ser	vice) 6. SOCIAL SECURITY NO.	17. INFORMANT	h 5228 Oction Pd
No		Mrs. Donothy C. Stack	- Jejo burten Ka.
1B. 640.91	CAUSE OF DEATH	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY	12 Toolin	al Obstruction	5-01-
LEADING TO DEATH	(A) IMMEDIATE CAU	DE .	2 4942
(This daes not mean the made of dying, heart failure, asthenia, etc. It means the dis	e.g., DUF TO, OR AS	A CONSEQUENCE OF:	V
injury ar complication which caused death.)			
ANTECEDENT CAUSES	(R)		100000000000000000000000000000000000000
DISEASES OR CONDITIONS, if ony,	irring	A CONSEQUENCE OF:	
rise to the obove cause (A) stating UNDERLYING CONDITION last.	the (C)		
	()		***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING C	12 ed Arteriosclerosis	f
O THE SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL Ceneral	12 ed /Trieriesclerosis	severe ayears
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY2 (Yes or No.) 208, IF YE	S, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		No IN CERTIF	TING CAUSES OF DEATH!
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of	n or obout 21C. WHERE DID	in Baltimore City, give exact lacation)
DEATH (notify medical examiner)	etc.)	nee blag., INJORI OCCOR:	
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUP	R?
OF INJURY (APPROX.)	While At Not While	e 🖳	
(APPROA)	Work At Work		1 - 10
22. I certify that (I) (this hospital) atten		Van 1967 to	
that (1) (we) last saw the deceased alive	on Yan 5	19 6 ond that in (my)	(vor) opinion deoth occurred on the de
ond hour and from the courses stated abo	ve. (1) (Me) (did) (did not) v	iew the body ofter death.	
23A. SIGNATURE			23B, DATE SIGNED
Doy 111 /2		Med. Staff Phys.	Jan. 8, 68
23C. PHYSICIAN'S	Meman DEGREE Phys	23 D. ADDRESS / /	yan.
23C. PHYSICIAN'S NAME (Type)	7. 200 100 000	3202 Harford 1	RN BITTER MA
1/204/11.2	mmermandegree		in imene Ina
AA. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	4C. NAME of CEMETERY OF CRI	0 1	(City, town, or county) (Stotel
1-9-68	Holy REdeemer	1 amotory Bult	Imana Manuland
	money in accome		imore, Mryland
	AME OF REGISTRAR		
JAN 1 1 1968	0	25C. FUNERAL DIRECTOR, John C. Miller Inc	

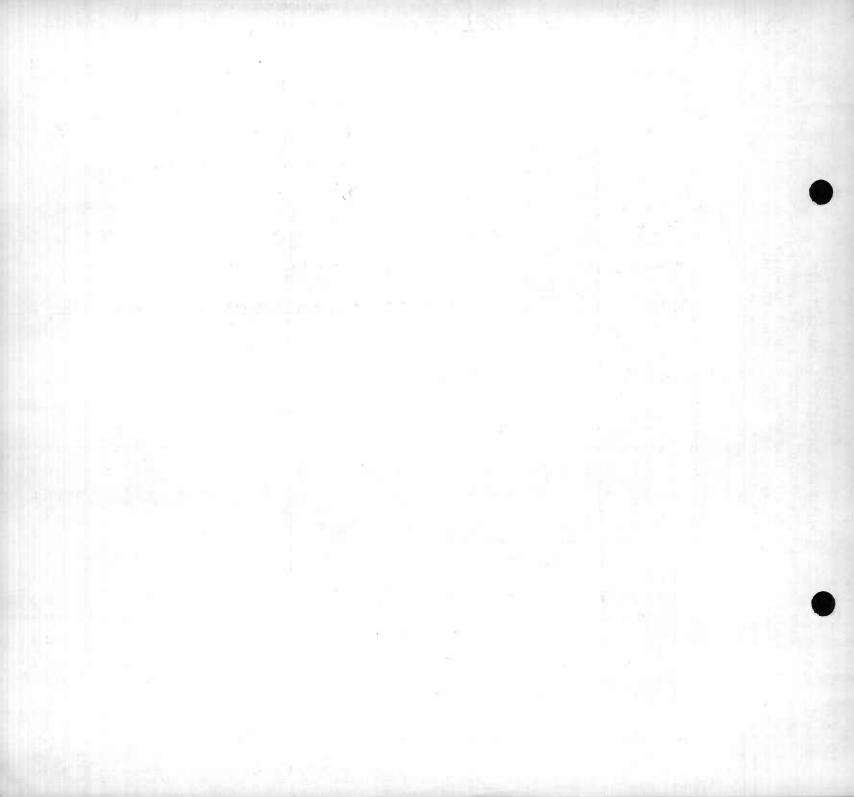


VS 151-REV. 1/1/68

. 40 0.000			
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH.

BIRTH NO.	REG. NO.
I NAME OF DECEASED EDWARD E. LACHNER	2. DATE Knawn Manth Day Year Haur
(Type or Print) EDWARD E. LOCHNER	OF DEATH Estimated 1 7 68 9:20 AM
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 1 7 68 9:20 AM. 5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
BALTIMORE CITY HOSPITAL - DOA	A. STATE Maryland B. COUNTY Baltimore
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS 3
Male White WIDOWED DIVORCED (1) DIVORCED (2) DIVORCED (3) DIVORCED (4) Property of the propert	Baltimore YES X NO L
June 18, 1928 last birthday) Months Days Haurs Min.	302 S. Drew Street # 21224 ,
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Baltimore, Md. U.S.A.	Edward Lachner
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	
Pipe-Fitter Beth. Steel Co.	Elizabeth Neilson
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknawn) ((f yes, give wor ar dotes af service) Yes Korean Conflict 17. SOCIAL SECURITY NO. 218-22-6132	18. INFORMANT ADDRESS
	Edward Lachner: 302 S. Drew St., #24.
1 1 1 1 1	BETWEEN ONSET AND DEATH
DISERSE ON CONTRIBUTE	nsive cardiovascular disease
LEADING TO DEATH (A)IMMEDIATE ((This does not mean the made of dying, e.g.,	
heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES	
	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
208. CONDITION FOR WHICH OPERATION W	No
O management of the contract officers for the contract of the	in ar abaut 22C. WHERE DID (If in Baltimore City, give exact location) te bldg., etc.)
UNDERCYNG OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Haur) 22E.1NJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?
(ABBBOY) WHILE AT NOT	WHILE
23.	
I certify that I held an Inquiry Inspection XX Au	tapsy and that an this basis, death in my apinian
resulted fram: Natural causes X Accident Suici	
ACTUAL LILL STOCK	CHIEF MEDICAL EXAMINER L
SIGNATURE WING M.	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S NAME (Type) WERNER U. SPITZ M.D.	ASSOCIATE MEDICAL EXAMINER 1-8-68
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
Burial 1-10-68. Sacred Hear	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR 6224 Eastern Ave.
A 7.0 45	Charles & Seiler Balto., 21224, Md.
VS 151-REV. 1/1/68 N 1 1908	Terminal Management

, the sees . I is a subscript that it is a second to be



C-452

				EXAMINER'S						
1. NAME OF DE	CEASED				OF.	wn 🖾	Month	Day	Year	
	AGNES	D160 0 0 100 1001	I.	COLLINS	DEATH.	moted 🗌		ary 6,		11:48
FULL NAME OF				RONOUNCED DEAD TITUTION, GIVESTREET	3. DATE PRONOUNCED	DEAD	Month	Doy	Yeor	
HOSPITAL OR INSTITUTION		SS OR LOCATIO		" THO HON, GIVE STREET	5. USUAL RESIDEN			ary 6,		11:48
45 N.	Janney S	Street	# 2	1224 •	A. STATE Maryl			B. COUNTY		06-
6. SEX	7. RACE	В	MARR	RIED NEVER MARRIED	C. CITY OR TOWN			D. INSIDE C	CITY LIMITS	87
Female	White	2 /	WIDOW	VED 🖺 DIVORCED 🗌	Baltimore			Y	res 🖾	NO 🗌
9. DATE OF BIR June 18		10.AGE (In y lost birthday)	eors 78	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			treet			
11. BIRTHPLACE		n country)		12. CITIZEN OF	13. FATHER'S NAM	ΛE.				
			-1-	WHAT COUNTRY?						
Herkime				OF BUSINESS OR INDUSTR			offman MF			
done during mast of	working life, eve	en ifretired)			NOTHER 5 MA					
	e Work	I C ADMED T		At Home	IR INFORMANIA	? K	napp	ETO 0:	-nblisse	Ave.# 2
16. WAS DECEA (Yes, no or unknow	n) (If yes, give w	ar or dates of	service	SECURITY NO.	18. INFORMANT	77 6	22.			
No				216-05-9006 CAUSE OF DEA		H, Co	olling	OBITE	a , M	APPROXIMATE II
	e, osthenio, etc. emplication whic	h coused death			AS A CONSEQUENCE					
DISEASES RISE TO THE UNDERLY OTHER SIG	ANTECEDENT (OR CONDITION HE ABOVE CAL ING CONDITION NIFICANT CON EATH BUT NOT	h coused death CAUSES DNS, IF ANY, C USE (A) STATIN ON LAST. II IDITIONS CON RELATED TO TH GIVEN IN PAR	OLY ING OR THE NTRIBUTHE TERM IT 1 (A)	(C)	AS A CONSEQUENCE	E OF:			21. AU	ITOPSY? (Yes
DISEASES RISE TO THE UNDERLY OTHER SIGNOTHER DISEASE CO 20A. DATE CO	ANTECEDENT (OR CONDITION HE ABOVE CAL HING CONDITION HISTORY CONDITION HISTORY CONDITION OF OPERATION	CAUSES DNS, IF ANY, (JOSE (A) STATINON LAST. III DITIONS CON RELATED TO THE GIVEN IN PAR 1 208. COND	OLY ING OR THE NTRIBUTHE TERM IT 1 (A)	(C) TING NINAL FOR WHICH OPERATION W	AS A CONSEQUENCE		//£ D	C:L		Yes
DISEASES TO THE VIOLENT OF THE PROPERTY OF THE	ANTECEDENT (OR CONDITION OF CO	CAUSES DNS, IF ANY, CONSE (A) STATING ON LAST. II DITIONS CONTROL TO THE CONTRO	OLY ING OR THE NTRIBUTHE TERM IT 1 (A)	(C)	AS A CONSEQUENCE	HERE DID	(If in Boltimo	re City, giv e e x		Yes
DISEASES RISE TO THE UNDERLY OTHER SIGN TO THE DISEASE CO. 20A. DATE CO. 22A. EXTERNIBLE CO. 22A. EXTERNIB	ANTECEDENT (OR CONDITION HE ABOVE CALLING CONDITION NIFICANT CONDITION OF OPERATION RNAL CAUSE G OR CONTI	CAUSES DNS, IF ANY, CONSE (A) STATING ON LAST. II DITIONS CONTROL TO THE CONTRO	OLY ING OR THE NTRIBUTHE TERM IT 1 (A)	(C)	AS A CONSEQUENCE	HERE DID	(If in Boltimo			Yes

VS 150-REV. 1/1/6B

Merchant Committee - 1 i no - 50 m $A_{\mathbf{z}}$ (- MABELM) APLE TO THE STATE OF TH Marier Comme Michigan Port a come of the Thomason before

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5-655

			68 (1294	1 B	ALTIMORE CITY HE	ALTH DEPAR	TMENT			68	0294
RIP	TH NO BACE	T.C. 71	MED	ICAL	EX/	AMINER'S	CERTIFIC	CATE O	DEATH	REG. NO		0204
	NAME OF DEC	EASED					2. DATE	Knawn 🗍	Manth	Day	Year	Haur
	e or Print)		UBY SHE	RMAN			OF DEATH	Estimated				
4. 1	PLACE IN BAL	TIMORE, MA	ARYLAND, W	HERE PE	RONOU	NCED DEAD	3. DATE		Manth	Day	Year	Hour M.
HO:	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	L OR INS	NOITUTIT	I, GIVE STREET		NCED DEAD	January	4,	1968	10:15 A. _{M.}
2	1	1 ± C	II		_ 1	(DOA)	A. STATE		re deceased lived	COUNTY	residence b	efore odmission
2			uare Ho			(DOA)		Maryla				9-0
6-5	Track .	7. RACE		8. MARE	IED .	NEVER MARRIED	C. CITY OR			. INSIDE CIT		1
9	emale	Neg		WIDOV	VED 🗌	DIVORCED		Baltime	ore	YE:	s 🖾 🛮 ı	VO
9. [ATE OF BIRT	4	10. AGE (In			r 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER				
	10-16	-67	100.0111100	,	2-1	2 Hours Min.		4 N. Ca	arey St.	, Apt.#	3	
11.	BIRTHPLACE (S		an country)			ZEN OF	13. FATHER'	NAME				
Re	alto. Co	Mary	land			AT COUNTRY?	Theo	dore Mit	chell			
14A	USUAL OCCU	PATION (Giv	e kind af work I	4B. KINE	OF BU	SINESS OR INDUSTR	Y 15. MOTHER	'S MAIDEN NA	AME			
done	eduring mast of w	arking life, ev	en itretired)				030	on Charm				
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	5? 17	7. SOCIAL	18. INFORM	ra Sherm	dII	AD	DRESS	
(Yes	, na ar unknawn)	(If yes, give	war ar dates o	af service)	SECURITY NO.						
	19. /					CAUSE OF DEA		ra Sherm	an, Same		APE	PROXIMATE INTERVAL
	4 4 4 X					CAUSE OF DEA	1111					EEN ONSET AND DEATH
			DITION DIREC	CTLY			Tent		1	/	CDTT	
		LEADING TO	made of dyl	ng e s		(A)IMMEDIATE	~~~~		l pneumor	illis (SDITT	*****
	heart failure	osthenla, etc	c. It meons the	disease,		DUE 10, OK	AS A CONSEQ	JENCE OF:				
Н	injury or can	parculion will	ch coosed ded									
	1A	NTECEDENT	CAUSES			(B)						
	DISEASES (OR CONDITI	USE (A) STAT	GIVING		DUE TO, OR	AS A CONSEC	UENCE OF:				
1	UNDERLYIN	G CONDIT	ION LAST.	INO INE		(c)						
Ó	100 7 60	V				(0)						
¥	OTHER SIGN	IFICANT CO	II NDITIONS CO	ONTRIBU	TING							
윤			T RELATED TO I GIVEN IN PA									
CERTIFICATION						HICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
ö	2										Yes	2
¥	22A. FXTER	NAL CAUSE	WAS	_	22B PL 4	ACE OF INJURY(e.g.	in ar about 2	C WHERE DID	Alf in Boltimore	City give exac		3
EDIC	UNDERLYING UTING CA	OR CON	ITRIB-		hame, fo	orm, foctory, street, affi	e bldg., etc.) If	JURY OCCUR?	(1	, 9		
Σ			Doy) (Yeor) (Hou	r) 22E.	INJURY OCCURRED	2	F. HOW DID I	NJURY OCCUR	?		
	(APPROX.)				m. WHI		WHILE VORK					
	23.											
	I cert	ify that I h	eld on I	nquiry [] 1	nspection . A	tonsy	and that on	this basis, de	eath in my d	plnion	
	resul	ed from:	المنسما حمييه	ses K	Acc	ident Suici	de 🗌 Ho	micide 🗌	Undetermine	d manner		
			31 1	1 5				HIEF MEDICAL	EXAMINER T			
	ACTUAL	(hand	Lo		Se of	ASSI	TANT MEDICAL		<u> </u>		DATE SIGNED
	SIGNATI		harlog	2 2	nvin	gate, M.D.).			1	3	
	EXAMIN NAME (1		laries	0. 0	Pretti	gate, m.D.	ASSO	CIATE MEDICAL	EXAMINER L	_		
	A. BURIAL CREA MOVAL (Speci	MATION,	24B. DATE		24C. I	NAME of CEMETERY	or CREMATO	RY 240	LOCATION	(City, tawn,	ar caunty)	(Stote)
	BURIAL		7-6-6	58	1.4	Auburr	Cemete	rv	Baltimo	ra Mar	hee fan	
25/	A. DATE REC'D	BY HEALTH	DEPT.	25B. N	IAME O	ount Auburr	25C. F	UNERAL DIREC		AC AC	DRESS	
		JAN 1	1 1968	120	A Pr	2. Farber, M	Ts		wn & Son	108 W	Mont	gomery St.
-		GIM! Y	2 1000	1970	30,70				0. 5011	200 110	110110	Politor 1 201
1/6	1 5 2 DEM 1 /2 /4 6											

 68 0295 BALTIMORE CITY HEALTH DEPARTMENT

	-	TEACHT DEFAITMENT	636	i
MEDICA	L EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	bi	-

MEDICAL EXAMINER'S C	69 0000
BIRTH NO.	V¥V
NAME OF DECEASED (ype or Print) LOTTIE FRAZIER	2. DATE Known XXX Month Doy Year Hour OF DEATH Estimoted 1 10 68 4;20 a M.
	3. DATE Month Doy Year Hour
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD January 10 1968 4:20a M.
	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
1627 Brunt St.	Maryland
	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Colored WIDOWED L DIVORCED L	Baltimore YESXX NOL
lost birthdoy) Months, Days, Hours, Min.	E. STREET AND NUMBER
	1627 Brunt St. / 4 - 0
WHAT COUNTRY?	Wm: Dyson
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY)	15. MOTHER'S MAIDEN NAME
one during most of working life, even ifretired)	Manie Man-wing - and
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO,	Charles Williams 1720 BRUNT St.
NO 216-32-4484	11/1/2/2
	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteri	iosclerotic Cardiovascular Disease
LEADING TO DEATH	AUSE
(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	S A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST. (C)	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
	No
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., i	in or about 22C. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIB. home, form, foctory, street, office UTING CAUSE OF DEATH.	bldg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY	WHILE C
(APPROX.) m. WORK AT WO	
I certify that I held on Inquiry Inspection X Aut	topsy ond that on this basis, death in my opinion
resulted from: Natural courses X, Accident Suicide	e Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL SJANA - MIC	ASSISTANT MEDICAL EXAMINER XX
SIGNATURE M.D.	
EXAMINER'S - Wilson M.D.	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY C	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	11 3
BURIAL 1-13-68 Mt. Hube	
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JAN 1 1 1968 (Pout & Farleyna	Kelson Fungeral Home 1348 Calhoun St
	VICTOR I UNELLI KOTTE 1241 CTITIONN JI

VS 151-REV, 1/1/68

37 2 H2 Y77 P The same that 1 - 1 3 Lis vale 1 - 23 - 41 - 21 - 21

2520

68 0296 BALTIMORE CITY HEALTH DEPARTMENT

	HNO.67-19280 MEDICAL EXAMINER	SC	CERTIFICATE OF DEATH REG. NO. 0296
			REG, INC.
1. N	AME OF DECEASED		2. DATE Known Month Doy Year Hour
	GARNEL Williamson Jones		DEATH Estimated January 8, 1968 7:25 P.M.
	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		3. DATE Month Doy Year Hour
HOS	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PITAL ADDRESS OR LOCATION) NSTITUTION		January 8, 1968 7:25 P. M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
30	Provident Hospital (DOA)		A. STATE B. COUNTY Maryland
6. S	7. RACE 8. MARRIED NEVER MARRIE	DE	C. CITY OR TOWN D. INSIDE CITY LIMITS?
/M	ale Negro widowed Divorce	ο□	Baltimore YES X NO
9. D	ATE OF BIRTH 10. AGE (In years # Under 1 Yr. If Under 24 Months; Doys; Hours;	4 Hrs.	E. STREET AND NUMBER
(3-21-67	Mill.	2039 Division Street
	IRTHPLACE(State or foreign country) 12. CITIZEN OF		13. FATHER'S NAME
	Md. WHAT COUNTRY?		CARI VI TONES
14A.	USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR IND	USTRY	
done	during most of working life, even if retired)		111111111111111111111111111111111111111
16. 1	NAS DECEASED EVER IN U.S. ARMED FORCES? [17. SOCIAL		MARTHA WILLIAMSON
	no or unknown) (If yes, give war or dates of service) SECURITY NO).	ADDRESS)
-	No NOME 9. LOW V	DEA	TIORENCE W. E SAME-GRANDMOT
	9. 484X I CAUSE OF	DEA	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		
	LEADING TO DEATH	ETE	stitial Pneumonitis
	(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It meons the disease,		AS A CONSEQUENCE OF:
	injury or complication which coused deoth.)		
	ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	O, OR	R AS A CONSEQUENCE OF:
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
S -	(C)		
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
5	TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
	DISEASE OR CONDITION GIVEN IN PART 1 (A). OAL DATE OF OPERATION 208. CONDITION FOR WHICH OPERATIO	N W	VAS PERFORMED 21. AUTOPSY? (Yes or No)
E E)		
-1	22A EXTERNAL CAUSE WAS 228 PLACE OF INJURY	11	Yes
O	EXTERNIAL CHOSE THIS	t, offic	., in or about 22C. WHERE DID (If in Boltimore City, give exact location) ice bldg., etc.) INJURY OCCUR?
9	UTING CAUSE OF DEATH.		
	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCUP OF INJURY		
	(APPROX.) WHILE AT WORK		WORK
1	23.		
	I certify that I held an Inquiry Inspection	Au	utapsy X and that on this bosis, death In my apinion
	resulted from: Natural causes X Accident S	vicio	ide Homicide Undetermined manner
	1000		CHIEF MEDICAL EXAMINER
	ACTUAL MUNICIPAL TO THE SIGNATURE IN THE		ASSISTANT MEDICAL EXAMINER
	SIGNATURE EXAMINER'S LIGHTON II COLT TO D	_M.D	ASSOCIATE MEDICAL EXAMINER \Box 1/9/68
	NAME (Type) Werner U. Spitz, M.D.		ASSOCIATE INEDICAL EXAMINATE 173700
	BURIAL CREMATION, 24B. DATE 24C. NAME of CEME	TERY	Grand Carlon (City, town, or county) (State)
	BURIAI 1-13-68 ARBUT	45	MEM. PK. ARBUTUS, Md.
25A	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR		25C. FUNERAL DIRECTOR ADDRESS
	JAN 11 1968 Orlean & Farley	4	KEKON FUNERAL HOME 1348 CAlhoun St.
VS I	51-REV. 1/1/68		MEISON FUNERAL MONIE 1210 CHILLOUN 21.

NONE FLORENCE W. El. - SAME-GRANdMOTHER

	,	
/	/	1000
1-	1 -	-3-21
	4	0

RIE	TH NO.		MED	ICAL	. EXA	AMINER'S	CERTIFI	CATEO	F DEAT	H REG. N	10. 68	0297	
1.	NAME OF DEC	EASED		-			2. DATE	Known 😾	Manth	Doy	Year	Hour	_
(Туі	pe or Print)		HUNGE	REORD			OF DEATH	Estimoted [1	9	68	11:50p	2.44
4.	PLACE IN BALT					NCED DEAD	3. DATE		Month	Doy	Yeor		141.
HO	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	AL OR INS TION)	NOITUTIT	, GIVE STREET			anuary	9	19	68 11:50r	
2	9 Prov	ident 1	Hospita	a 1			A. STATE	laryland	., с ассельса п	B. COUNT			,
6.	SEX	7. RACE			IED 🔣 I	NEVER MARRIED	C. CITY OR			D. INSIDE	CITY LIMITS	?	_
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9.	DATE OF BIRTH	1	10. AGE (II		If Unde Months	r 1 Yr. If Under 24 Hrs Doys Hours Min.	E. STREET	AND NUMBER			15	and some soul)
	12-6-	10		57				4 N. Mon	roe St.		1)	Towns of the last	Contraction of
11.	BIRTHPLACE (S	tote ar foreig	in country)		WH.	ZEN OF AT CQUNTRY?	13. FATHER	'S NAME	11				
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	e during most of w	orking life, ev	en if retired)			1	T. MOTHE	11.		Vi/sor	.)		
16	WAS DECEASE	FD EVER IN	,	BETH		SOCIAL SOCIAL	18. INFOR	MANT	IE V	V1/501	ADDRESS		_
	s, no or unknown))	SECURITY NO.	2 /4-1:	- Hun	REPEAL	277	SAM		
-	19.	0			161	CAUSE OF DEA	ATH ATH	E / V 4/	7CM-UK	-1/		APPROXIMATE INTER	
	DISEASI	E OR COND	ITION DIPE	CTIV		Arteri	occlero	tic Card	iovaccu	lar Di		TWEEN ONSET AND I	DEATH
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		OR CONDITION		, GIVING		(B)	AS A CONSE	QUENCE OF:					
		ABOVE CA		TING THE		(0)							
O	.122					(C)							
CERTIFICATION	TO THE DEA	IFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERM	INAL								
ERTI						HICH OPERATION V	AS PERFORM	NED			21. AU1	TOPSY? (Yes or N	(0)
	0											No	
EDICAL	UNDERLYING		TRIB-		22B. PLA home, fo	CE OF INJURY(e.g. orm, factory, street, offi	ce bldg., etc.)	22C. WHERE DIE NJURY OCCUR	(If in Baltimo	ore City, give	exoct location)	
Σ			oy) (Yea	r) (Hou	r) 22E.	INJURY OCCURRED	. :	22F. HOW DID I	NJURY OCC	UR?			
	(APPROX.)				m. WHI		T WHILE WORK						
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	result	red fram: N	latural cau	ses A	Acci	ident ∐ Suici ⊶l		omicide 🔲		ined mann	er 🔲		
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BIRTH NO. 61 - 06251 68			
I. NAME OF DECEASED	32KTII 137	ATE OF DEATH REG. NO	
(Type or Print) Robin G	raves	1-9-68	1:55 A.
FULL NAME OF (IF NOT IN HOSHTAL HOSHTAL OR ADDRESS OR LOCAT	OR INSTITUTION, GIVE STREET		nstitution: residence before admission) IDE CITY LIMITS?
		Baltimore	YES NO 🗌
39	Hospital, Inc.	E. STREET AND NUMBER 3502 Carsdale Avenue	15-10
Female Negro	· MARRIED NEVER MARRIED WIDOWED DIVORCED	3-3-61	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired) CHILD	OB. KIND OF BUSINESS OR INDUSTI	Maryland , BALTIMORE	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
LORENZO GRAVE	S	ANNA L. WILKINS	
5. Was Deceased Ever in U. S. Armed Force Yes, no or unknown) (If yes, give war or dates	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Anna Graves— mother	ADDRESS SAME
1B. 4 / X I	CAUSE OF DEA		APPROXIMATE INTERVAL
DISEASES OR CONDITIONS, if or itse to the above cause (A) sunderlying Condition last. I OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	TRIBUTING Mongolism,	Conbranchistis and Prenchappennis as a consequence of: erred. Interatrial Septzl Defect	
DISEASE OR CONDITION GIVEN IN PART	ITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE	
19A. DATE OF OPERATION 19B. COND	RMED	Yes IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF OPERATION 19B. COND WAS PERFO OR 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		200	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g.	, in or obout 21 C. WHERE DID (If in Boltimo office bldg., INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) OF INJURY OF INJURY	21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not W. Work Ottended the deceased fram	in or obout 21C. WHERE DID (If in Boltimo office bldg., INJURY OCCUR?	nuary 9, 19 68
Or CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) that (I) (we) lost saw the deceased and haur and fram the causes state	21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work Not Work Not Work Not Work January 9,	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 68 to Jar 19 68 ond that in(my) (aur) op	nuary 9, 19 68
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OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) that (I) (we) lost saw the deceased ond haur and fram the couses state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type).	21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not W. At wo ottended the deceased fram daive an January 9, and dabove. (I) (We) (did) (did not) Address, H. Pagegri	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? Lip 68 ond that in (my) (aur) op view the body after death. Hending Med. Shaff hys. 23D. ADDRESS 1514 Division Street EREMATORY 24D. LOCATION (Compared to the content of the	inion deoth occurred on the dote 238. DATE SIGNED 1-9-68 Baltimore, Marylan City, lown, or county) (Stote)
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Letter from Provident Hospital 1-17-68 M.H.

	5-24	68	onne o	BALTIMORE CITY			68	0300
RII	RTH NO.	00	0300	CERTIFICA	TE OF DEAT	H REG. NO.		000
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			t Jackson	(Lee)		1-7-68		7:45 A.
3.	PLACE IN BALT	TIMORE, MARYLAND, W	VHERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE A. STATE B.	(Where deceased lived. If	institution; residence b	efore odmissi
FL	JLL NAME OF	(IF NOT IN HOSPIT	TAL OR INSTITUTION	N, GIVE STREET	Maryland		14-0	12
N	OSPITAL OR	ADDRESS OR LOC	A IION)		C. CITY OR TOWN		NSIDE CITY LIMITS?	
		Provident	Hospital.	Inc.	Baltimor	·	YES X NO	
3	39				E. STREET AND NUME	ision Street		
	SEX	6. RACE	7. MARRIED 🗆 A	NEVER MARRIED A	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr II	Under 24 H
1	Male	Negro	WIDOWED	DIVORCED	7-7-33	last birthday	Months Doys Ho	ours Min.
Ø,	A. USUAL OCCU				11. BIRTHPLACE (State of		12. CITIZEN OF W	HAT COUN
do	ne during most of w	vorking lite, even if retired)		Cab Co.				
	FATHER'S NAM		Diamone	cab co.	Mississippi		U.S.A	
							/	
5.	UNK.	Ever in U. S. Armed For	114	SOCIAL	ODE S	SSA FOSTER		
Ye	s, no of unknown)	(If yes, give war or dote	es of service)	SECURITY NO.			ADDRESS	
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ATION	OTHER SIGNIFIC	CANT CONDITIONS CO	NTRIBUTING					
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BIRTH NO. M.E. CASE NO.			BALTIMORE CITY	THE TENT DESTRUCTION OF THE PARTY OF THE PAR		68	112114
	68	0304	CERTIFICA	TE OF DEATH	Registered Na	00	URALL
NAME OF DE		0002			D HOUR OF DEATH		
ype or Printl -	TAMES (as	- s) Man	(00210	JAN	0		9
PLACE OF DE	EATH IN BALTIMORE, MAI		RISON	4. USUAL RESIDENCE (When	re deceased lived. If ins	titution: resider	nce before odmi
				A. STATE B. COUN	TY		
FULL NAME OF	OF (If not in hospital and oddress or location	or institution, give st	reet	Ino.		10	
INSTITUTION				C. CITY OR TOWN (If our	side city limits, write R	RAL old give	township)
Time vs	RSITY OF	Mary	anin	D. STREET ADDRESS	rurol, give location)		
Oldine	2111		MATIGO	15	0		#17
30	V 2205					34	
SEX	6. RACE	7. MARRIED, NEVE WIDOWED, DIV	ORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Y	r. If Under 24 s Hours N
111		MARRIE	0	12/12/32	35		
	CUPATION (Give kind of work f working lite, even if retired)	108. KIND OF BUSIN	IESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN O	OF OUNTRY?
				/ dimbo	C	USA	
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME		
1		1600 0		1 NEZ W.	11 inns		
	d Ever in U. S. Armed Force	LORRISON			1112/11/2		
es, no or unknow	(If yes, give wor or dote:	s of service) SE	OCIAL ECURITY NO.	17. INFORMANT		ADI	DRESS
		219	1-28-086=	14856. CHA	73.		
18. 57/	1.9		CAUSE O	F DEATH			RVAL BETWEEN
DISEA	ASE OR CONDITION DIR	ECTLY	,		^		ET AND DEAT
	LEADING TO DEATH		in he	potic comp.	2 severe car	1 kosis	
	nol meon the mode of , asthenio, etc. Il meons		DUE TO				
	mplication which caused		n	edy employe			
	ANTECEDENT CAUSES		(B) (Se	redry employe	d VARCOSU	20	*****************
DISEASES	OR CONDITIONS, if	onv. aivina	DUE 10	/			
rise to It	he obove cause (A)		(C)		000000000000000000000000000000000000000		
UNDERLYIN	IG CONDITION lost.						
581.0) II					1	2-6
OTHER SIGN	DEATH BUT NOT RELA	ONTRIBUTING	mn	e e			
TO THE L		T	1,01				
DISEASE OR	CONDITION CAUSING IT		O DED A FLOAT	TOO A ALLEG DOVE (V	1 000 to Man 111500 -		
TO THE L DISEASE OR 19A. DATE O	F OPERATION 198. CONI	DITION FOR WHICH		20 A. AUTOPSY? (Yes or No	10 208. IF YES, WERE F	INDINGS CON	ISIDERED H?
TO THE I	F OPERATION 198. CONI	DITION FOR WHICH	1605/125	,			
. OR CONTRIB	FOPERATION 198. CONING PENT WAS UNDERLYING CAUSE OF	DITION FOR WHICH CORMED ORMED 1218 PLAC home, form	1665 / 155 E OF INJURY (e.g., i	20 A. AUTOPSY? (Yes or No 2 n. or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	20B. IF YES, WERE F IN CERTIFYING CAU		
OR CONTRIB	FOR THE THE PROPERTY OF THE PR	DITION FOR WHICH CORMED ORMED 1218 PLAC home, form	1665 / 155 E OF INJURY (e.g., i	n or obout 21 C. WHERE DID			
OR CONTRIB	FOPERATION 198. CONING PENT WAS UNDERLYING CAUSE OF	DITION FOR WHICH FORMED LEWY VAICH 21 & PLAC home, form etc.)	E OF INJURY (e.g., in, foctory, street, o	n or obout 21 C. WHERE DID	(If in Boltimore		
OR CONTRIB	FORENTION 198. CONING SERVING CAUSE OF Month) (Doy) (Year)	DITION FOR WHICH ORMED LEMMY VAIC 218 PLAC home, form etc. (Hour) 218 INJU While At	E OF INJURY (e.g., in, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore		
OR CONTRIB DEATH (notif 21D. TIME OF INJURY (APPROX.)	ENT WAS UNDERLYING DUTING CAUSE OF COMMENT O	DITION FOR WHICH ORMED LEMMY VACI 21B. PLAC home, form etc.) (Hour) 21E. INJU While At Work	E OF INJURY (e.g., in, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore		oct locotion)
OR CONTRIB DEATH (notif) 21D. TIME OF INJURY (APPROX.) 22. I certify	FOR OPERATION 198. CON WAS PERFECT WAS UNDERLYING CAUSE OF (y medical examine) (Month) (Day) (Year)	ORMED 218 PLAC home, form etc. (Hour) 218 INJU While At work	E OF INJURY (e.g., in, foctory, street, o	n of obout 21 C. WHERE DID fifice bldg., INJURY OCCUR?	(If in Boltimore URY OCCUR?	City, give exo	oct locotion)
OR CONTRIB DEATH (notif) 21D. TIME OF INJURY (APPROX.) 22. I certify	ENT WAS UNDERLYING DUTING CAUSE OF COMMENT O	ORMED 218 PLAC home, form etc. (Hour) 218 INJU While At work	E OF INJURY (e.g., in, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore URY OCCUR?	City, give exo	oct locotion)
OR CONTRIB DEATH (notif 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we	FORENTION 198. CONIWAS PERFECTION WAS PERFECTIVE OF (Month) (Doy) (Year) y that (Month) (by (Year) y that (his hospital)	DITION FOR WHICH ORMED 21B. PLACI home, form etc.) (Hour) 21E. INJU While At Work) attended the dec	E OF INJURY (e.g., in, foctory, street, on More While At Work	n of obout 21C, WHERE DID fifice bidg., INJURY OCCUR? 21F. HOW DID INJ	(If in Boltimore URY OCCUR?	City, give exo	oct locotion)
OR CONTRIB DEATH (notif 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we	ENT WAS UNDERLYING DENT WAS PERFORM TO THE PERFORMANCE OF THE PERFORMA	DITION FOR WHICH ORMED 21B. PLACI home, form etc.) (Hour) 21E. INJU While At Work) attended the dec	E OF INJURY (e.g., in, foctory, street, on More While At Work	n of obout 21 C. WHERE DID fifice bldg., INJURY OCCUR?	(If in Boltimore URY OCCUR? 19ta at in (Ty) (aur) apin	City, give exo	19
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OR CONTRIB DEATH (notif DID. TIME OF INJURY (APPROX.) 22. I certify that (1) (we and haur an 23A. SIGNAT	FOPERATION 198. CON WAS PERF ENT WAS UNDERLYING CAUSE OF (y medical examiper) (Month) (Day) (Year) That (his hospital) (I) last saw the decease of fram the causes state of the causes of the cause of the causes o	DITION FOR WHICH ORMED 21B. PLACI home, form etc.) (Hour) 21E. INJU While At Work) attended the dec	E OF INJURY (e.g., in, foctory, street, on Market, on M	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? 21 F. HOW DID INJ le	(If in Boltimore URY OCCUR? 19ta at in (Ty) (aur) apin	City, give exa	19
OR CONTRIB DEATH (notified of INJURY (APPROX.) 22. I certify that (1) (we and haur and 23A. SIGNATI	FOPERATION 198. CONIWAS PERF ENT WAS UNDERLYING CAUSE OF (y medical examine) (Month) (Day) (Year) That (this hospital) (I last saw the decease of fram the causes state URE ANS Type)	OTHER DESIGNATION FOR WHICH ORMED 218 PLAC 218 PLA	E OF INJURY (e.g., in, foctory, street, or Marketter, or M	21F. HOW DID INJ	(If in Boltimore URY OCCUR? 19 to at in(()y) (aur) apin	City, give exactly	19
TO THE CONTRIBUTION OF INJURY (APPROX.) 23A. ACCIDE OR CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (I) (we and haur an 23A. SIGNAT! 23C (HYSIC! NAME (I) AME (I) AM	FOPERATION 198. CONING CONING CAUSE OF LY medical examination of the course of the cou	OTTON FOR WHICH ORMED VARION (ACT) [Hour] 218 PLAC home, formetc.] (Hour) 21E INJU While At Work attended the decid alive an ed abave. (A) (We)	E OF INJURY (e.g., in, foctory, street, or Many (e.g., in, foctory, or Many (e.g., in, foctory, in, foctory, or Many (e.g., in, foctory, in, foctory, in, foctory, or Many (e.g., in, foctory, in, f	21F. HOW DID INJ le	(If in Boltimore URY OCCUR? 19 to at in(()y) (aur) apin	City, give exactly	19
OR CONTRIB DEATH (notif DEATH (FOPERATION 198. CONIWAS PERF ENT WAS UNDERLYING CAUSE OF (y medical examiper) (Month) (Day) (Year) That (this hospital) (198) last saw the decease of from the causes state (URE) ANS Type Type EMATION, 248. DATE	OTTON FOR WHICH ORMED VARION (ACT) [Hour] 218 PLAC home, formetc.] (Hour) 21E INJU While At Work attended the decid alive an ed abave. (A) (We)	E OF INJURY (e.g., in, foctory, street, or Marketter, or M	21F. HOW DID INJ 21F. H	(If in Boltimore URY OCCUR? 19ta at in (By) (aur) apin Hews Stoff Phys. 4	City, give exactly	1919
OR CONTRIB DEATH (notif 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we and haur an 23A. SIGNAT! 23C/HYSIC! NAME (AA. BURIAL CRI TIMOVAL	FOPERATION 198. CONIWAS PERF ENT WAS UNDERLYING DUTING CAUSE OF CAUSE OF CAUSE OF CAUSE OF COMMENT OF CAUSE OF COMMENT OF CAUSE OF COMMENT OF CAUSE OF COMMENT OF CAUSE OF CA	OTTON FOR WHICH ORMED VARION (ACT) [Hour] 218 PLAC home, formetc.] (Hour) 21E INJU While At Work attended the decid alive an ed abave. (A) (We)	E OF INJURY (e.g., in, foctory, street, on the foctory, street, on the foctory street, on t	21F. HOW DID INJ le	(If in Boltimore URY OCCUR? 19 ta	P-68 ian death ac	1919
OR CONTRIB DEATH (notif DEATH (FOPERATION 198. CONIWAS PERF ENT WAS UNDERLYING DUTING CAUSE OF CAUSE OF CAUSE OF CAUSE OF COMMENT OF CAUSE OF COMMENT OF CAUSE OF COMMENT OF CAUSE OF COMMENT OF CAUSE OF CA	OTTON FOR WHICH ORMED VARION (ACT) [Hour] 218 PLAC home, formetc.] (Hour) 21E INJU While At Work attended the decid alive an ed abave. (A) (We)	E OF INJURY (e.g., in, foctory, street, or nor white At Work Coased fram	21F. HOW DID INJ le	(If in Boltimore URY OCCUR? 19ta at in (By) (aur) apin Hews Stoff Phys. 4	Q -68 ian death ac 238. DATE SIC	1919
OR CONTRIB DEATH (notif DEATH (FOPERATION 198. CONIWAS PERFECTION WAS PERFECTIVE WAS UNDERLYING CAUSE OF (y medical examination) (Year) What (his hospital) (Year) Ye that (this hospital) (Year) Ye that (this hospital) (Year) Ye that (this hospital) (Year) Ye was a second from the causes state (URE WAS Type) FEMATION, (248. DATE (Specify) (1986)	OTHER DESTRICTION FOR WHICH ORMED VARIOUS (PARIOUS AND A CONTRACT OF THE CONTR	E OF INJURY (e.g., in, foctory, street, or nor white At Work Coased fram	21F. HOW DID INJ le	(If in Boltimore URY OCCUR? 19 ta	Q -68 ian death ac 238. DATE SIC	19

Columbia, S.C.

219-24-0463

Bureal 1-12-68 Interior Bur Fact Bullions

Mericas Lydling Time Summer

M-420 00 00	BALTIMORE CITY	HEALTH DEPARTMENT		60 0202	
68 03	02 CERTIFICA	TE OF DEATH	REG. NO	00 0002	_
BIRTH NO. 1. NAME OF DECEASED		2 DATE ANI	D HOUR OF DEATH		_
(Type or Print) F. /17A	MILLS	1.	-8-190		'M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If i	nstitution: residence before odmiss	ion)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?	
00	t	BALTIMON E. STREET AND NUMBER		YES NO .	
6.00 N ARLING	on the	600 N. ARC	INGTON	Are	
5. SEX 6. RACE 7. MARK	RIED NEVER MARRIED	B DATE OF BIPTH	ost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Min	
	WED DIVORCED	MARCH 15-75	12		
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired)) <u>_</u>	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUN	TRY?
	1 Janily	CALVONS (o mo	239.	
13. FATHER'S NAME	nit m	14. MOTHER'S MAIDEN NAM	\E		
2071 W. 207.	0000	17. INFORMANT		ADDRECE	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	ice) 16. SOCIAL SECURITY NO.		1	ADDRESS 2 CAR D	ick
no 2	19.32 3024	7000	SEHNSO.	APPROXIMATE INTERV	Pro
18.40 4 X I	CAUSE OF DEAT	H		BETWEEN ONSET AND DE	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)IMMEDIATE CAL	15 Qualin - URAA	lar neu	al 8-41exxs	
(This does not mean the mode of dying, heart failure, asthenia, etc. II means the dise	e.g., DIVE TO, OR AS	A CONSEQUENCE OF:	wy y man	y	-
injury or complication which caused death.) ANTECEDENT CAUSES) 1000				
	(B)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
DISEASES OR CONDITIONS, if ony, gi	11119	A CONSEQUENCE OF:			
UNDERLYING CONDITION last.	(C)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATE ODISEASE OR CONDITION GIVEN IN PART I (A).					
DISEASE OR CONDITION GIVEN IN PART 1 (A).					
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, farm, factory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimo	ore City, give exoct location)	
OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?		
(APPROX.)	While AI Not White Work At Work				
22. I certify that (I) (this hospital) attend	ed the deceosed from	9-21	9 4 to	1-8-1968	
that (I) (we) lost sow the deceased alive	on VYV	19 6 8 ond the	ot in (my) (our) op	inion deoth occurred on the	date
ond hour and from the couses stated above	re. (I) (We) (did) (did not) v	riew the body ofter deoth.			
23A. SIGNATURE	1 2 Atte	ending Med.	Staff	23B. DATE SIGNED	
23G PHYSICIAN'S UNAME (Type)	DEGREE Phy	s. Director	Phys. L.	1-10-68	_
JOHN E. T. CA	MPER MIDGE	630N. CARE	- Y 3eg. 1	BALTOMADO	,
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATOR) 24D. LC	ATION	City, town of county) (State	e)
Bunic 1-13/68	MY BUDU	, ,	who mo		
JAN 11 1968 Pole E.	ME OF REGISTRAR	Many and	p (fory o	638 p Gilm	_
VS 150-REV. 1/1/6B	· · · · · · · · · · · · · · · · · · ·			- 3	-

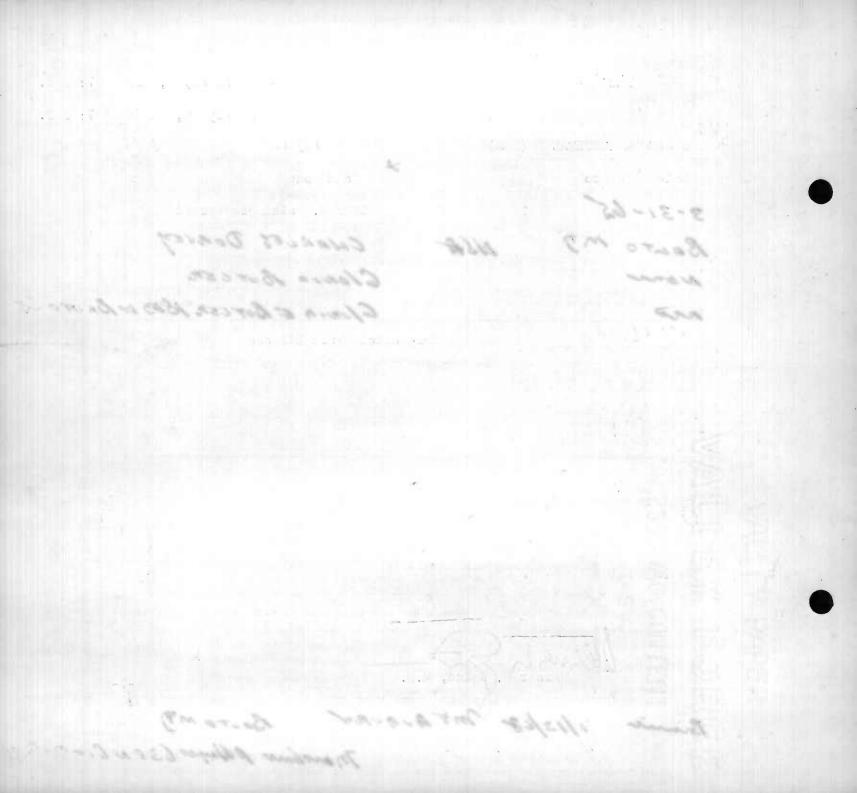
freeze a way the water with the second For well a married to EMER PERSONA COLUMNICO NO SING. Jours & Lowerson Dear : in 21, 52 5.24 Character Sources 35 Sec. Ruman 1-18/15 MT a man Rocker

FUNERAL DIRECTOR: IMPORTANT

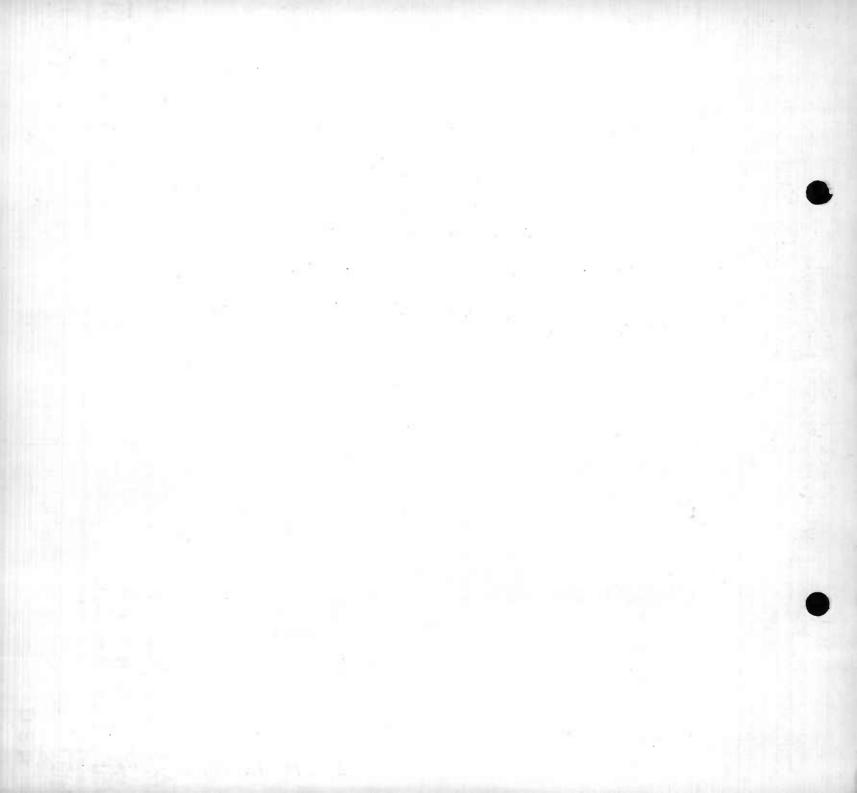
7.27			BALTIMORE CITY	HEALTH DEPARTMENT		00	0202
BIRTH NO.	00	0303	CERTIFICA	TE OF DEATH	Registered Na	00	0303
M.E CASE NO.	68	UOU	CERTIFICA				
1. NAME OF DE (Type or Print)	CEASED				AND HOUR OF DEATH		2012
Ethel	Reddick				/9/68		10 A.M M
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WA. STATE B. CO.	here deceased lived. If in	stitution: resid	dence before admission)
				Maryland	01111		
HOSPITAL OR		or institution.	give street			2112.14	
INSTITUTION					outside city limits, write	UKAF ond g	ive township)
Lincol	n Memorial Nu	rsing Ho	me	Baltimore		6	
7 m				D. STREET ADDRESS	(If rural, give location)		
10				903 N. Fult	on Avenue		
. SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1	Yr. If Under 24 Hrs.
			D, DIVORCED (specify)		lost birthdoy)	Months Do	oys Hours Min.
'emale	Negro	Never 1	Married	Nov.29,1909	58	120 210	
	CUPATION (Give kind of world working life, even if retired)	1	- and	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN	OF COUNTRY?
7) man	The	17	forming	Maryland		U.S.	
2 FATHERS NA	AAAE	101.		14. MOTHER'S MAIDEN N	LAAAF	0,0,	
3. FATHER'S NA							
Henry R	eddick			Alice Rober	tson		
5. Was Decease	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		A	DDRESS
res, no or unknov	wn) (If yes, give war or date	es of service)	SECURITY NO.		S		
mo				HENRY (ET)	DICK 320:	1000	9470N J
1B	0 1		CAUSE O			INT	TERVAL BETWEEN
A S	ASE OR CONDITION DI	DECTIV				10	SET AND DEATH
Dise	LEADING TO DEATH	RECILI	Cere	bral Thrombosi	S		
(This does	not mean the mode of	dvina an	(A) DUE TO		***************************************		
	e, asthenia, etc. It means						
injury or co	omplication which caused	death.)		3 1 36 33 11			
	ANTECEDENT CAUSES			abetes Mellitus			
DISEASES	OR CONDITIONS, if	anu sivina	DUE TO				
	the above couse (A)		(C)				
	NG CONDITION last.		(with a matching award	-494-40-00-00-00-00-00-00-00-00-00-00-00-00	************************		
2/	/ 11					_	
Z OTHER SIG	NIFICANT CONDITIONS	ONTRIBILITIN	G				
E TO THE	DEATH BUT NOT RELA	ATED TO TH					
DISEASE O	R CONDITION CAUSING			Too A	N. I con to was turne		0.110.0000
19A. DATE C	OF OPERATION 198. CON	FORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	USES OF DE	ATH?
ac C							
U 21A. ACCID	ENT WAS UNDERLYING	218	PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimore	City, give e	exoct location)
	BUTING CAUSE OF ify medical examiner	hon etc.		ffice bldg., INJURY OCCUR?			
U							
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?		
(APPROX)		Wh	ile At Not Whi	le 📄			
							4.4
22. I certif	y that (1) (this haspita	l) attended t	he deceased from 11	_/6	19 64 10 1/9		1968
that (I) (we	e) last saw the decease	ed alive an	1/0		that in (my) (our) api	nian death	accurred on the dat
		ted abave. ((ve) (did nat)	view the body after deat	h.		
23A. SIGNAT	TURE //)(/			23 B. DATE	
	Str. Str.	Man	M.D. Att	ending Med. Director	Stoff Phys.	1/9/	68
23C.PHYSIC	IAN'S		, , , , , , ,	23D. ADDRESS		1	
NAME		-		5519		1	10
	1/0/1/15	O'E WIL	ALINE M.D.	1019	ENNERN VY	JAC , MAL	7 mod
	REMATION, 248, DATE	24C. N	AME of CEMETERY OF CR	EMATORY 24D	LOCATION (C	ty, town, or o	county) (State)
REMOVAL		600	0	DIN S	1	150	,
Bum	N 1(13)	8	PRUDIC	11	UNICINK	19	,
SA. DATE REC'	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECT	OR		ADDRESS
IANI	1 1968 120	A & sta	La Coent Mall	mrs 17	1 638 NG	my	m st
OMIL X	عاملا المحادث	4 -1 40	4	1811 Hardy	, 600 11 6		20
VS 150-REV. 1/1	1/65				£ 4		

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VS 151-REV. 1/1/68



	68 0305		BALTIMORE CITY	HEALTH DEPARTMENT		0000
PIPT	H NO.		CERTIFICA	TE OF DEATH	REG. NO	68 0305
1, N.	AME OF DECEASED	Vest		2, DATE A	AND HOUR OF DEATH	9 40 A
3. P	LACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (VA		nstitution: residence before admission
HO	L NAME OF (IF NOT IN HOSPITAL SPITAL OR ADDRESS OR LOCAT	OR INSTITUTION	ON, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMITS?
N 3	Uno memorial	Hospita	l	BALTMO, E. STREET AND NUMBER	J. 114	YES NO NO
6	44			2419 Barela	y St.	
• S	FN	WIDOWED	NEVER MARRIED DIVORCED	3/18/23	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work) (during most of working life, even if retired)	GLEN L	MARIN O	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNT
3. F	ATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	
6.1	KICHARD DE	NNIS		ANNIE	PERRY	
S. V	Vas Deceased Ever in U. S. Armed Force ,no or unknown) (If yes, give wor or dotes	of service)	SECURITY NO.	LAMES WES	ST 24-19 By	ARCLAY ST
	1B. 43 Kn 1		CAUSE OF DEATH	DANIE , ITS	1 201114	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRE	CTLY		1	11	BETWEEN ONSET AND DEA
	LEADING TO DEATH (This daes not mean the made of d	lvina e a			Vascular Cle	ident immediate
	heart failure, asthenia, etc. It means the injury or camplication which coused d	he disease,	DUE TO, OR AS	CONSEQUENCE OF:		
	ANTECEDENT CAUSES	ream.)	11	to 11 20		
	DISEASES OR CONDITIONS, if an	u -iuia-	(B) THE VOOR AS	A CONSEQUENCE OF:		
	rise to the above cause (A) s		Dyc 60, 01 A3	A CONSEQUENCE OF		T
	UNDERLYING CONDITION last.		(c)			
Ĕ	33 / X II OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE	TERMINAL				
	DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CONDI WAS PERFO	TION FOR WHI	U/cex	20A. AUTOPSY? (Yes or 1	10 208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
0	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PL.	ACE OF INJURY (e.g., in form, foctory, street, of	or obout 21 C. WHERE DID	(If in Boltimo	re City, give exoct location)
<u>_</u>	21 D. TIME (Month) (Doy) (Year) OF INJURY		IJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
2	(APPROX.)	While	At Work	· 🗆		
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	that (I) (we) lost saw the deceased	alive an/	2/4		that in (my) (aur) ap	inion deoth occurred on the d
1	ond hour and from the couses state	d obove. (1)	We (did) (did not) v	iew the body ofter death	•	
	23A. SIGNATURE					23B, DATE SIGNED
	of There	/.	DEGREE Phys	Med. Director	Staff Phys.	1/9/68
	23C. PHYSICIAN'S NAME (Type)			3D. ADDRESS		
24A.	BURIAL CREMATION, 248, DATE	24C. NAM	DEGREE E of CEMETERY of CRE	MATORY 24D.	LOCATION (C	ity, town, or county) / (Stote)
	REMOVAL (Specify)	(X/17	CALVAS	N /	7 0 00	IDAILY MA
25A	DURIAL 1 13 6 1 DATE REC'D BY HEALTH DEPT. 2	SB. NAME OF	REGISTRAR	2SC. FUNERAL DIRECTO	OR CO	ADDRESS
	IAN 1 1 1968 A	6.30	Farberma	JOSEPH K	NIGH 110.3	9 N. BROADYVAY
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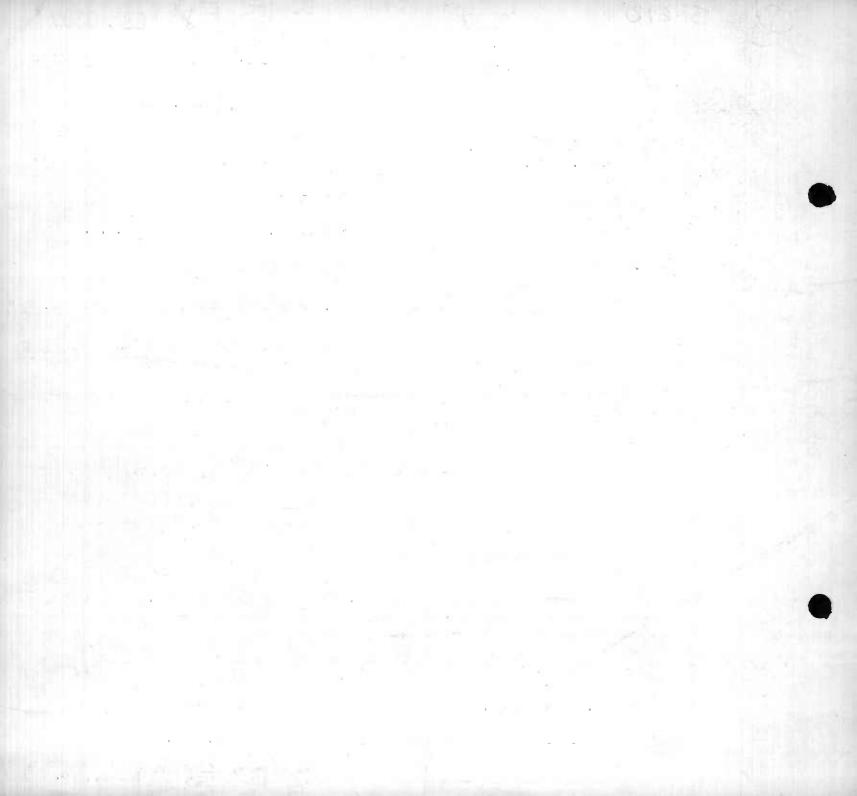


BIRTH NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION S. SEX 6. RACE 7. MARRIED NEVER MARRIED NEVER MARRIED B. DATE OF BIRTH NO. 100. USUAL RESIDENCE (Where deceased lived. If institution; residence, before a. STATE R. COUNTY MARYLAND BRITAMORE C. CITY OR TOWN D. INSIDE CITY LIMITS? NO E. STREET AND NUMBER 3420 Perdment Nonths; Doys Hours MOONTED 100. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT	If Under 24 H Hours Min.
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one during most of working life, even if retired)	
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FATHER'S NAME	
JOHN M. LNEWS BUEEN M. TENELL	
Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO.	S
A A MILLER FINANCE OF	1 2
18. APPROXIMATE BETWEEN ONSET	IMATE INTERVAL
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LEADING TO DEATH (A) IMMEDIATE CAUSE Conges Line facture	
(This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	
ANTECEDENT CAUSES (B) Khumotic Street Charles	
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DIRECTOR:

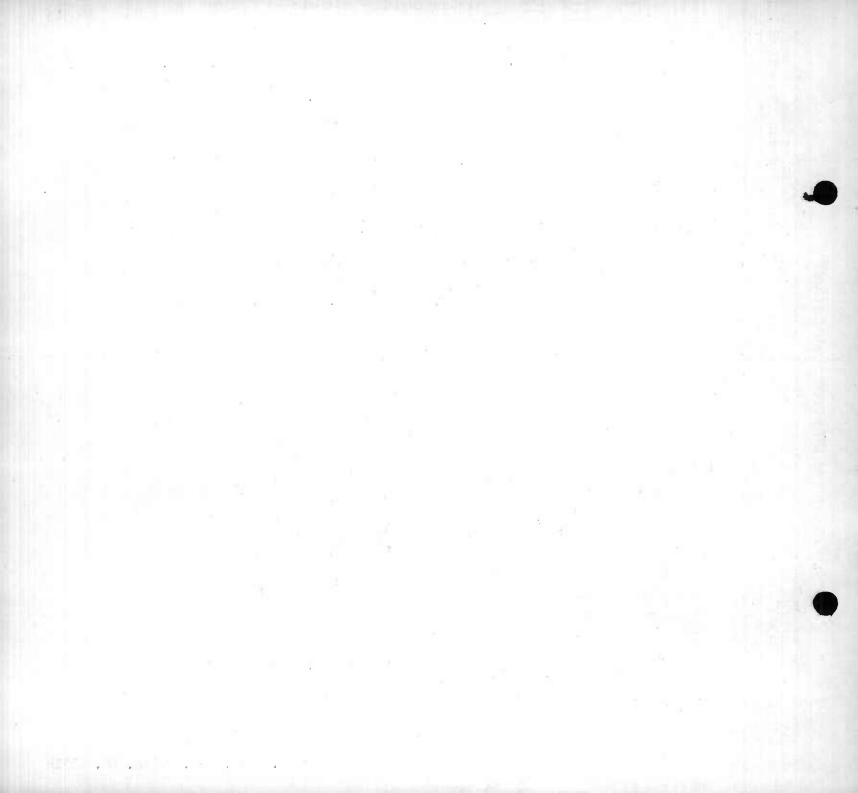
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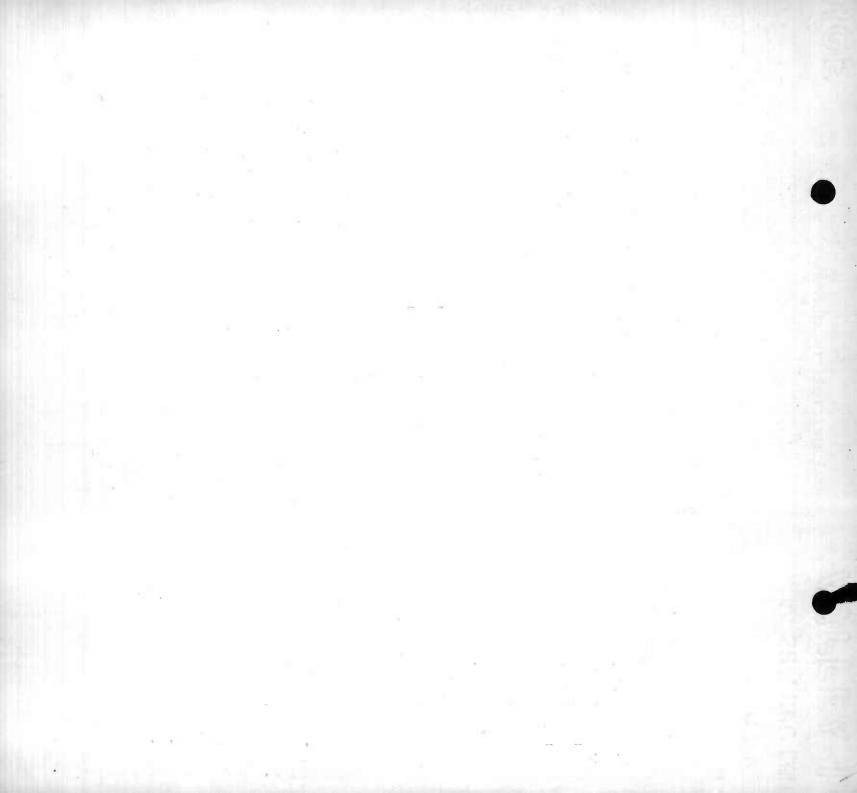


	68	02	BALTIMORE CITY	HEALTH DEPARTMENT	REG. NO.	68 0308
BIRTH NO.	00	US	08 CERTIFICA	TE OF DEATH	KEG. NO	
1, NAME OF (Type or Print)			PENCE	2. DATE	AND HOUR OF DEAT	
2 BLACE IN					ary 10, 1968	institution: residence before admission
3. PLACE IN	BALTIMORE, MARYLAND, W	HERE PRON	OUNCED DEAD	A. STATE B. CO	UNTY	institution: residence beidge commission
FULL NAME HOSPITAL OR	OF (IF NOT IN HOSPIT	AL OR INST	ITUTION, GIVE STREET	Md.	DIN	ISIDE CITY LIMITS?
NOITUTION	5000 7 111			Baltimore		YES TO NO
00	5803 Eurith A	venue		E. STREET AND NUMBER		ith Avenue
. SEX	6. RACE	7- MARRIEL	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Days Hours Min.
Female	White	WIDOWE	DIVORCED [4/26/1895	72	
	CCUPATION (Give kind of work t of working tife, even if retired)	10B, KIND (OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTE
retir		US M	larine Hosp	Virginia		USA
B. FATHER'S	NAME			14. MOTHER'S MAIDEN N	IAME	
Leroy	Stonewall A	rmstr	ong	Anna Be	ech	
	used Ever in U. S. Armed For own) (If yes, give war or date		1 6. SOCIAL	17. INFORMANT		ADDRESS
No	own, in yes, give war or date	2 OI SELVICE)		Mrs. Mary	E. Renner-	Same
rise to	ANTECEDENT CAUSES OR CONDITIONS, if the obove cause (A) VING CONDITION last.		a (, /	A CONSEQUENCE OF:	Prteriosc/	eros/1 //
TO THE D	INFICANT CONDITIONS CO EATH 8UT NOT RELATED TO TO IN CONDITION GIVEN IN PAR OF OPERATION 198. CON WAS PER	HE TERMINAL T 1 (A).		20A. AUTOPSY? (Yes or	No) 208. IF YES, WER	EFINDINGS CONSIDERED
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, OR CONT	RIBUTING CAUSE OF offy medical examiner	ho	ome, form, foctory, street, of	fice bldg., INJURY OCCUR	(II In Bailin	note City, give exoct locotion;
OF INJUR		(Haur) 21	E. INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?	
(APPROX.)			Vhite At Not While			
22. I cert	rify that (1) (this hespital	attended	the deceased from	6-12	19 58 to 1	-10 1968
	last saw the decease		1 0:	19 6 8 and		pinion death accurred on the de
and hour	and from the causes sta	red above.	(I) (Ws) (did) (did nat) v	iew the bady after deat	h.	
23A. SIGN	ATURE	20	7 0	4		23 B. DATE SIGNED
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23C. PHYSI NAM	CIAN'S E (Type)	chist	N.D	5713 Be	lair Rd	Ba 170, Md 2120
4A. BURIAL	CREMATION, 24B. DATE	24C.	DEGREE NAME of CEMETERY OF CRE	MATORY 124D	LOCATION	(City, town, or county) (State)
REMOVA	Burial 1/15/		oly Redeemer			Maryland
			Tall mode comer	De la		

Leonard J. Ruck, Inc. Balto. Md. 21211

VS 150-REV. 1/1/68

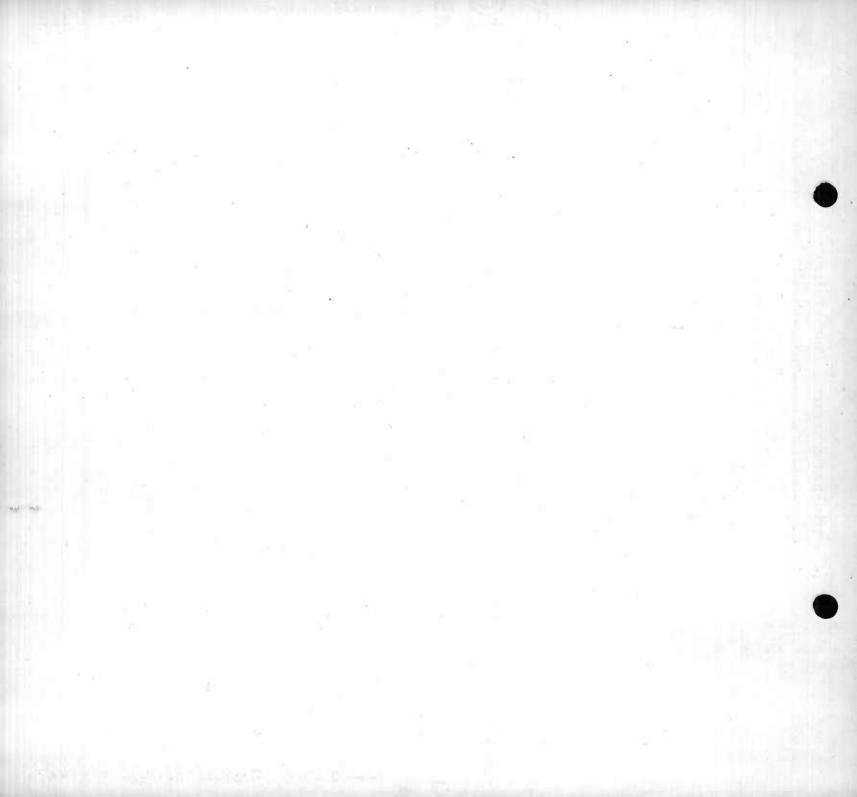




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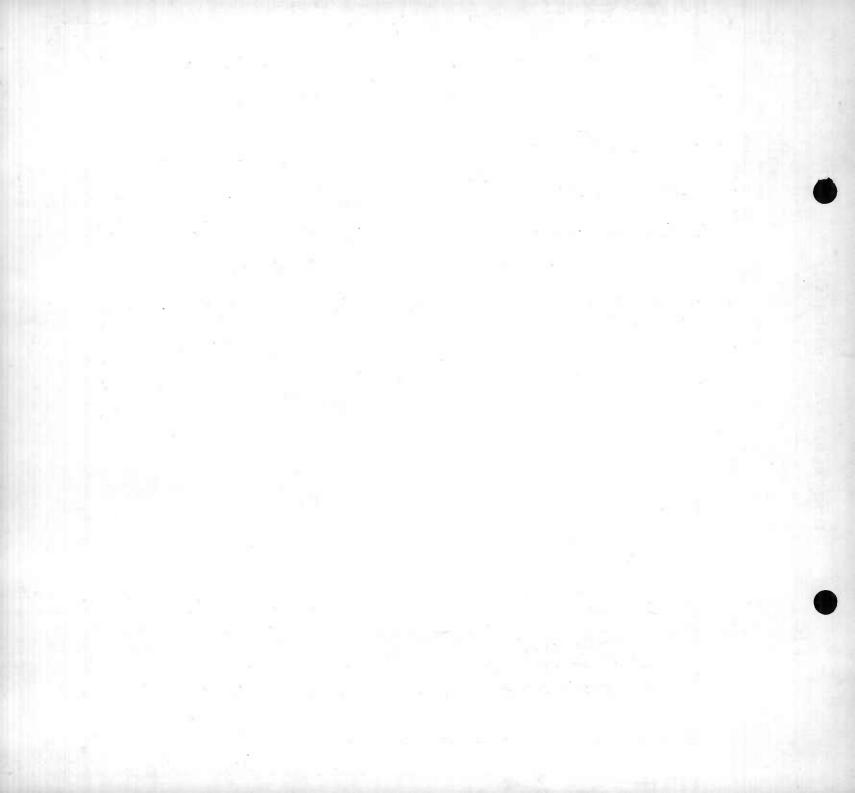
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in IMPORTANT FUNERAL DIRECTOR:

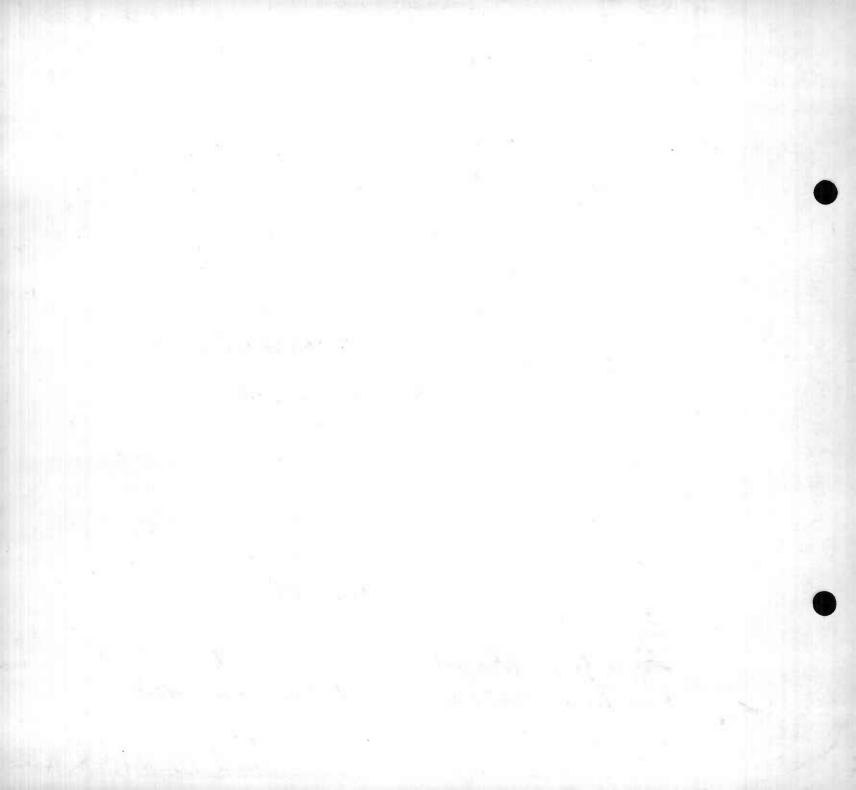
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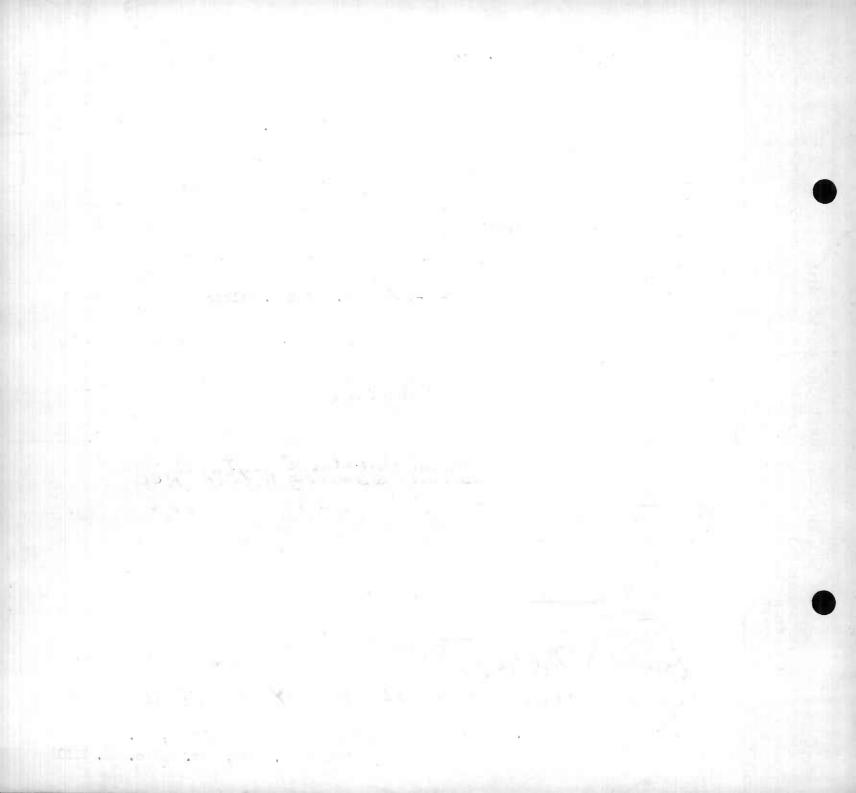
OR: IMPORTANT	iner or his assistant if death occurred in a hospital and iner. Also, if the direct or contributing cause of death acture of any kind; (4) Undetermined cause; (5) Deceased pronounced death was in regular attendance on the ular attendance on the deceased prior to death. Such mbalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

RIDT	00	0313 CERTIFICA	ATE OF DEATH REG. N	o. 68 0313
1, N	AME OF DECEASED BALL	+ BROWN	2, DATE AND HOUR OF D	12:30 P.N
FUI	STITUTION	WHERE PRONOUNCED DEAD ITAL OR INSTITUTION, GIVE STREET CATION) HOSPITAL	4. USUAL RESIDENCE (Where deceosed live A. STATE B. COUNTY C. CITY OR TOWN E. STREET AND NUMBER	o. INSIDE CITY LIMITS?
5. S	EX 6. RACE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In year lost birthday)	s If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of we during most of working life, even if retired	ork 108. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTR
13. [FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Was Deceosed Ever in U. S. Armed F s, no or unknown) (If yes, give wor or do		17. INFORMANT	ADDRESS
NO	heart failure, asthenia, etc. II mear injury or complication which cause ANTECEDENT CAUSI DISEASES OR CONDITIONS, if rise to the obave couse (AUNDERLYING CONDITION last.	any, giving DUE TO, OR (B) DUE TO, OR (C)	betes wellitus AS A CONSEQUENCE OF:	
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CA			20 A. AUTOPSY? (Yes or No) 208, IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED IG CAUSES OF DEATH?
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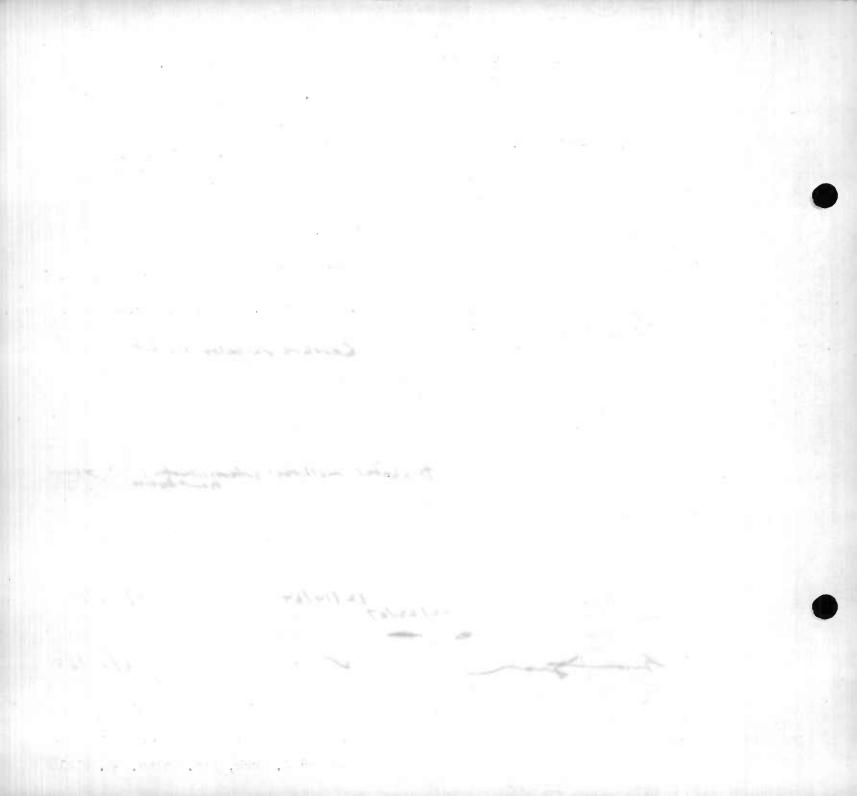


	CO CO BALTIMORE CIT	TY HEALTH DEPARTMENT REG. NO. 68 0314
	G-320 68 0314 CERTIFICA	ATE OF DEATH REG. NO. DO USLA
ath sed the	BIRTH NO. 1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Schae	(Tune or Print)	20
- 0 0 c	Patricia A. Coctz	14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission
spirite of Do	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A, STATE B. COUNTY
de de	FULL NAME OF THE MOTHIN HOSPITAL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN D. INSIDE CITY LIMITS?
do o	HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION 1-12-68	
CC	27	Balto YES NO
in att	3/	E. STREET AND NUMBER
ed dire	S. SEX 6. RACE 7. MARRIED NEVER MARRIED X	928 N Collington Ave
be de de	S. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH S. AGE (In years If Under 1 Yr., If Under 24 Hr. Months; Doys Hours; Min.
tri tri gu	F WIDOWED DIVORCED	
ed er si	10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	
in ec on	done during most of working life, even if retired)	Bolto Md USA
or or s	NONE	Balto Md USA 14. MOTHER'S MAIDEN NAME
f d	13. FATHER'S NAME	
- 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	Vola Finnegin 17. INFORMANT ADDRESS
E 9 4 6 P	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
ister he kin kin de ce ce ce	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
t the		
i i i i	157.3	BETWEEN ONSET AND DEAT
his of defined	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0 11 6 1: 2 11 4: 2 :
A DOLL	(This does not mean the mode of dying, e.g.,	AUSE Possible Septic Embilization 20 min
2.50.0	neon foliure, osmenio, etc. il meons me diseose,	S A CONSEQUENCE OF:
n act	injury or complication which caused death.)	0 11)
E.E. + 0 D. o	ANTECEDENT CAUSES (B) F 40	- (Passible SBE) 20 days
X A X		
S 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	rise to the above cause (A) stoting the UNDERLYING CONDITION last.	a Syndrome TAU Communia 10 years
al sy		
dic dic	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
E e de la	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL VEX. TO THE DEATH BUT NOT RELATED TO THE TERMINAL VEX. TO THE DEATH BUT NOT RELATED TO THE TERMINAL VEX. TO THE DEATH SUPPLY THE TERMINAL VEX. TO THE TERMINAL VEX. TO THE DEATH SUPPLY THE TERMINAL VEX. TO THE TERM	
4 - 4 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED
the sist	WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
or or	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	, in or obout 21 C. WHERE DID (If In Boltimore City, give exact location) office bldg., INJURY OCCUR?
4 = 0 = 0 = 1	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.	omice blogs, INJURY OCCUR:
P. S. S. Z.	D 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?
d to the contract of the contr	OF INJURY	
94 6 9 8	(APPROX.)	rk 🔲
bt da	22. I certify that (1) (this haspital) attended the deceased from	1-4-68 19 to 1-10-68 19
app to t f ail (e		19and that in(My) (our) opinian death occurred on the da
0 0 0 -	and hour and from the causes stated abave. (1) (We) (did) (did not)	
ust be a sased to dent of lospital death) must be	23A. SIGNATURE	23 B, DATE SIGNED
must be eleased ccident a hospit to deal al must	4 0	Was - Wal - 0.7 -
a to a constant	O CORCE	
S T S T O O O O O O O O O O O O O O O O	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
certificate moody was relact. vs. (1) An acc. D.O.A. at a lassed prior to	Chester C Collins M D	Mercy Hospital
d d	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CI	
cert body /s: (1 D.O ased	Burial 1712/68 Parkwood	Baltimore Maryland
s by	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Baltimore Maryland 25C. FUNERAL DIRECTOR ADDRESS
This certi the body shows: (1 was D.O. deceased	JAN 11 1968 Plant E, tarberna	Leonard J Ruck Inc 5305 Harford Rd
4707	VS 150-REV. 1/1/6B	The state of the s
	Y 3 1 30 - NE Y 1 1 1 1 0 D	

11-426 00 000	BALTIMORE CITY	HEALTH DEPARTMENT		68 0315
W-402 68 031	CERTIFICA	TE OF DEATH	REG. NO	00 0010
BIRTH NO.		DATE	ND HOUR OF CEATH	
Type or Print) MiL ton E.	WAIKER	2. DATE A	1-9-6	8 6P
3. PLACE IN BALTIMORE, MARYLANO, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Wh		titution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU	TION, GIVE STREET	Ind.		500
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR JOWN		DE CITY LIMITS2
m 3/ //	,	E. STREET AND NUMBER	21218	YES NO
Mercy Nospitai		3420	HARFORA	Rd.
SEX PRACE 7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr.
m widowed	DIVORCED	5-31-04	63	
OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lor	eign country)	12, CITIZEN OF WHAT COUNTR
Stationary Engineed (Retir	red)	MENNA	L.	USA
3. FATHER'S NAME	, ,	14. MOTHER'S MAIDEN NA	ME	
MAURICE WA	THER	ELLA	maran	dless
5. Was Deceased Ever in U. S. Armed Forces? Yes, no of unknown) (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	111 01111	ADDRESS
No	326-09-9564	Mrs. Helen E.	Walker	(Same)
18.410,9	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		1	. 0 01	/ 6
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	ISE MYSCALO	asmarci	291 24-48 Non
heart failure, osthenio, etc. It meons the diseose,	DUE TO, OR AS	USE MYSOARD A CONSEQUENCE OF:	/	
injury or complication which caused deoth,)	10	A V O		17 +211
ANTECEDENT CAUSES	(B) 14 D (CVD		1 Julia
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)			
420.1 11	- /			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	mural the	combus (L) we	ntricle	
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	small p	ulmonary in	laset RL	
2 19.A. ACCIDENT WAS UNDERLYING 1218.		20A. AUTOPSY (Yes or)	IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	Uf to Boltimore	City, give exact location)
	e, lorm, factory, street, of	ffice bldg. INJURY OCCUR?	(iv pii boilinioi o	city, give exect leconolly
0	INJURY OCCURRED	21F. HOW DID IN	TURY OCCUR?	
₹ (A BBBOX) Whil	e At C Not Whil	e	JONI OCCON.	
Woh		12	1.6	12
22. I certify that (I) (this haspital) attended th	e deceased fram	1-1-9	19 <u>68</u> to	1/9 1968
that (I) (we) last saw the deceased alive an		19 6 8 and t	hat in (my) (aur) apln	lan death accurred an the do
and haur and fram the causes stated abave. (1)	(We) (did) (did nat) v	view the bady after death.		
23A. SIGNATURE	1200			23B DATE SIGNEO
Havid S. MC Hold	DEGREE Phys	onding Med. Director	Staff Phys.	1/10/68
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
DAVID STANLEY /	MCHOID MOREGREE	MERCH	HOSPITA	L
24A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specily)	ME of CEMETERY of CRE	EMATORY 24D.	LOCATION (City	, town, or county) (State)
Burial 1/13/68. Lor	raine Park Ce	metery	Baltimore,	Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O				to. Md. ^0212114
JAN 11 1968 Robert E. to	labourna	Leonard J. Ri	ick, Inc. Bal	10 MG - 21214
/S 150-REV. 1/1/6B				



	Print Print	MAR	ie i	EDWARDS		January 1		
FL	JLL NAME OF OSPITAL OR	(IF NOT IN HO		STITUTION, GIVE STREET	A. STATE Md	B. COUNTY	osed lived, If i	
IN	STITUTION	5209 Harf	ord Road	1	11	re 21214		ves x NO O
-	SEX	6. RACE	17		B. DATE OF BIR		(In years	If Under 1 Yr., If Under
F	emale	White	WIDOW	NEVER MARRIED VED X DIVORCED O OF BUSINESS OR INDU	6/18/1	.903 lost bir	thdoy) -	Months Doys Hours
	ne during most of w lousewif	orking life, even if retir	ed)		Maryla	nd		USA
13.	FATHER'S NAM	NE .			14. MOTHER'S	MAIDEN NAME		
	John Je	nss			Marv	Lammers		
15. (Ye	Was Deceased	Ever in U. S. Armed	Forces? dates of service	16. SOCIAL SECURITY NO.	17. INFORMAN			ADDRESS
	No	,, g		218070337	Mr Tho	mae V Fd	wande	Jr Same
	heart failure, injury ar cam	al mean the made asthenia, etc. It me plication which cou	ans the disec sed death.)	**9** DUF IO. O	CAUSE CEVE R AS A CONSEQUENC	E OF:		
ERTIFICATION	DISEASES Orise to the UNDERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR CO.	asthenia, etc. It me dication which cau NTECEDENT CAU R CONDITIONS, abave cause CONDITION last. II CANT CONDITION S BUT NOT RELATED INDITION GIVEN IN OPERATION 1788. (WAS	ans the disection of the search of the searc	ring DUE TO, O the (C)	R AS A CONSEQUENCE R AS A CONSEQUENT Beter mel	CE OF: 1. tis? 2 tes SY? (Yes or No) 20B. IN C	nosolnos Henris IF Yes, Were	hu year
CAL CERTIFIC	DISEASES Orise to the UNDERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR CO. 21A. ACCIDEN OR CONTRIBU DEATH (notify	asthenia, etc. It me blication which cou NTECEDENT CAU R CONDITIONS, abave cause CONDITION last. II CANT CONDITIONS H BUT NOT RELATED IN OPERATION 179B. (ans the disection of the search of the searc	ring DUE TO, O the (c)	R AS A CONSEQUENCE R AS A CONSEQUENT Beter mel	CE OF: 1. tis? 2 tes SY? (Yes or No) 20B. IN C	A POST OF THE SERVITOR CA	FINDINGS CONSIDERED
AL CERTIFIC	DISEASES OF THE CONTRIBUTION OF CONTRIBUTION O	asthenia, etc. It me olication which countries of the cou	ans the disective death.) SES if any, giv. (A) stating CONTRIBUTING THE TERMIN PART 1 (A). CONDITION FOR PERFORMED	(B)	R AS A CONSEQUENCE R AS A CONSEQUENCE PROPERTY OF THE PROPERTY	CE OF: OF: OF: OF: OF: OF: OF: OF:	IF YES, WERE CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
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MEDICAL CERTIFIC	DISEASES Orise to the UNDERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR CO. 194 DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (asthenia, etc. It me olication which cau interest of the cause of the	ans the disect sed death.) SES if any, giv. (A) stating CONTRIBUTIN FOR TERMIN PART 1 (A). CONDITION FOR PERFORMED G (Hour) ital) attended cosed alive cosed alive cosed.	OR WHICH OPERATION 21B. PLACE OF INJURY (home, form, foctory, streetc.) 21E. INJURY OCCURRED While At Not North At Nor	R AS A CONSEQUENCE R AS A CONSEQUENCE 20 A. AUTOP 20 A. AUTOP 21 F. H While 21 F. H Work 21 F. H While Attending	CE OF: OF: OF: OF: OF: OF: OF: OF:	IF YES, WERE CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? TO GET 15 Inian deoth occurred an



P-320		HEALTH DEPARTMENT	68 0317
BIRTH NO. 68	0317 CERTIFICA	TE OF DEATH Registered N	. 00 USL1
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) STATE (Type or Print)		2. DATE AND HOUR OF DEAT	
B. PLACE OF DEATH IN BALTIMORE, MARYLAN	ID	4. USUAL RESIDENCE (Where deceosed lived. II	
FILL NAME OF ME and in benefits on inch	14.41	MARYLANS	
FULL NAME OF (If not in hospital or instinction)	itulion, give street	C. CITY OR TOWN (If outside city limits, with	e RURAL and give fownship
NORTH CHARLES C	CENCEDI HOLOT	BRITIMORE 21:	218 4-01
Note in Confire Lies &	ENERGY TONET.	D. STREET ADDRESS (If rurol, give location)	
49		1505 E 29 12. 87.	
6. RACE 7. M	ARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 H
	ovidowed, DIVORCED (specify)	8. DATE OF BIRTH 12 - 4 - 10 87 11. BIRTHPLACE (Store or foreign country)	Months Ooys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10 B. K		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working life, even if retired)		MARYLAND	WHAT COUNTRY?
HOUSEWIFE	*****		0303.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	. 3 610 3
CHARLES OF URBI	/V	MARION CURBIA	1) (DE)
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of so	6. SOCIAL	17. INFORMANT	ADDRESS
No	215-09-6566A	Mrs. Evelyn Jarboe	(Same)
18.0	CAUSE O		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
LEADING TO DEATH	, 7	Repearable Vail	u
(This does not mean the made of dying	(A)		
	, v.g.,	,	
hearl failure, asthenia, etc. It means the d	isease,	' 0	15 0 0 1
injury ar camplication which caused death	isease,	ionic lymphocy	1. Leukeuria
injury or complication which caused death ANTECEDENT CAUSES	(B) CL	ionic lymphoey	/ Leukeuria
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any,	giving to the (C)	rolerkir mellid	/ lenkenia
injury or complication which caused death ANTECEDENT CAUSES	giving gg the (C)	syceardial faile souic lymphocy, rolerhis wellist	/ lenkenia
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injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) station UNDERLYING CONDITION last.	IBUTING	rolerkir mellid	/ lenkenia
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DISEASES OR CONDITIONS, if any, rise to the above cause (A) station underlying Condition last. NOTHER SIGNIFICANT CONDITIONS CONTR. TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IBUTING TO THE	20 A. AUTOPSY? (Yes or No) 208. IF YES, WE	RE FINDINGS CONSIDERED
injury ar camplication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, tise to the above cause (A) station UNDERLYING CONDITION last. O HOO II	IBUTING TO THE	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WE	
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NOTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 190. DATE OF OPERATION 198. CONDITION WAS PERFORME	IBUTING TO THE N FOR WHICH OPERATION D	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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NOT A SIGNIFICANT CONDITIONS CONTRIBUTING CONDITIONS CONTRIBUTIONS OR CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	IBUTING TO THE N FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., independent of the content of	20 A. AUTOPSY? (Yes or No) NO NO NO NO NO NO NO NO NO N	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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VS 150-REV. 1/1/6B

hospital

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

NO

USA

SAME

25

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

If Under 24 Hrs.

Hours

ADDRESS

(If in Boltimore City, give exoct location)

ond that in (my) (aur) opinion death occurred on the date

23B, DATE SIGNED

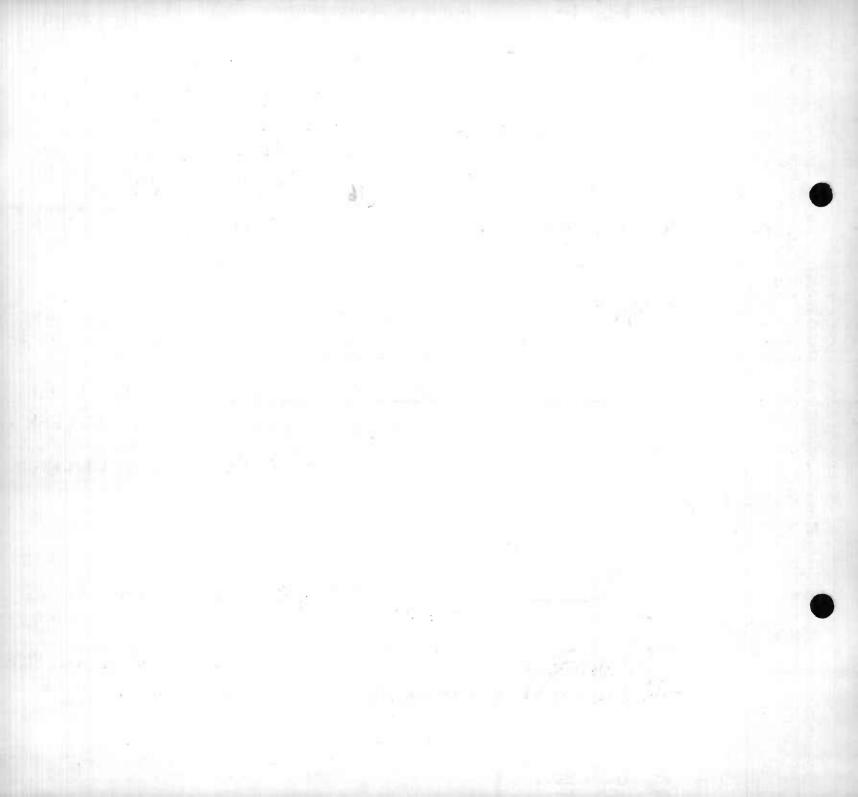
Baltimore, Md.

25c. FUNERAL DIRECTOR
Leonard J. Ruck, Inc. Balto. Md. 21214

. . . .

DIRECTOR:

FUNERAL



FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

2:30

NO

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

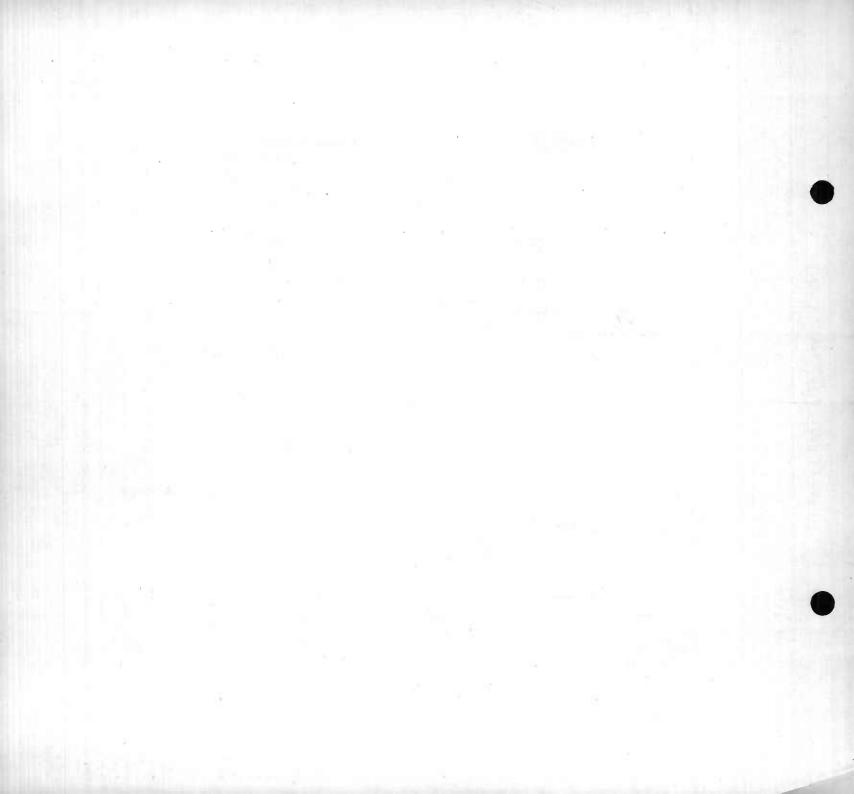
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ADDRESS

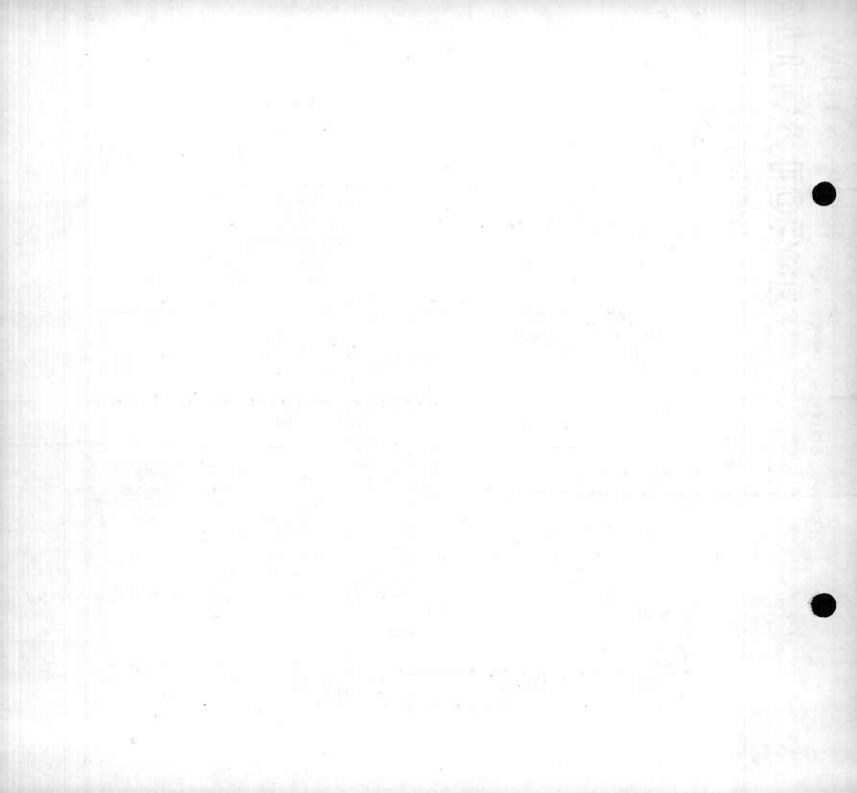
Madison

ADDRESS

If Under 24 Hrs. Hours i Min.



BALTIMORE CITY	HEALTH DEPARTMENT 68 0321
68 0321 CERTIFICA	TE OF DEATH REG. NO. OO USEL
1, NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
ERNEST NENNETT	8 JAN. 68 4 9 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A, STATE B. COUNTY
CHIL MANE OF US NOT IN HOCKETAL OR INSTITUTION CIVE STREET	MARYLAND Bally C
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADORESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
INSTITUTION	BALTO. YES NOT
MERCY HOSP	E. STREET AND NUMBER
TIERRY AUSIE	313 N. MARLYN AVE
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
WIDOWED DIVORCED	5-23-00 67
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	
done during most of working life even if refired RETICET Balto. City	Linton, Ind.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Bennett	Mahaley Fields
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS above
212-40-4790	Mrs. Florence Bennett (nee Grey)wife
18. / / O CAUSE OF DEAT	
410,44 200,4	BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	12 - 11.
(A) IMMEDIATE CA	USE ACUTE MYOCARDIAL A CONSEQUENCE OF: INFARCTION
(This does not mean the made al dying, e.g., DUETO, OR AS heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
ANTECEDENT CAUSES	CLEROTIC CARDIO-VASCULAR
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
rise to the above cause (A) stating the	DISEASE
UNDERLYING CONDITION Iasi. (C)	
4.30.1	
	TESMELLITIS -OBESITY
TO THE DEATH BUT NOT RELATED TO THE TERMINAL UITHISE VIHISE VIHISE VIHISE VIHISE	16211ELLITO OVESTILY
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH, OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED NA	IN CERTIFYING CAUSES OF DEATH?
1) 21A. ACCIDENT WAS LINDERLYING 121R PLACE OF INTURY (e.g.	in or about 21C. WHERE DID (If in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR?
DEATH (notify medical examiner)	IV/H
21D. TIME (Month) (Poy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Not Whi	le \square
/ / Work At Work	
22. I certify that (#) (this haspital) attended the deceased from 2	9/PM 8 Jan 19 68 to 4' YPM. 8 Jan 1968.
that (Ra(we) lost sow the deceased alive on 8 MM	19 6 8 and that in (our) opinion death occurred an the date
and hour and fram the couses stated obave. (We) (did) (did (did (did (did (did (did (d	
23) SIGNATURE	238. DATE SIGNED
a latine 16 Am hum 12 Am	ending Med. Staff Phys. Phys. 9
23C. PHYSICIAN'S	23D. ADDRESS
NAME (Type)	M-22/ 11/20 Bais 11
JALVATOREV. DONOHUEDERE	MERCY HOSP, JALIO, MI
	EMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	Dollaimore Ma
Burial 1/12/68 Baltimore Cem-	etery Baltimore, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Schimunek Funeral Home, Inc. 3331 Brehms Lane
J. I 1300 Violent C, Valorina	3331 Brehms Lane
VS 150-RFV- 1/1/6B	



FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

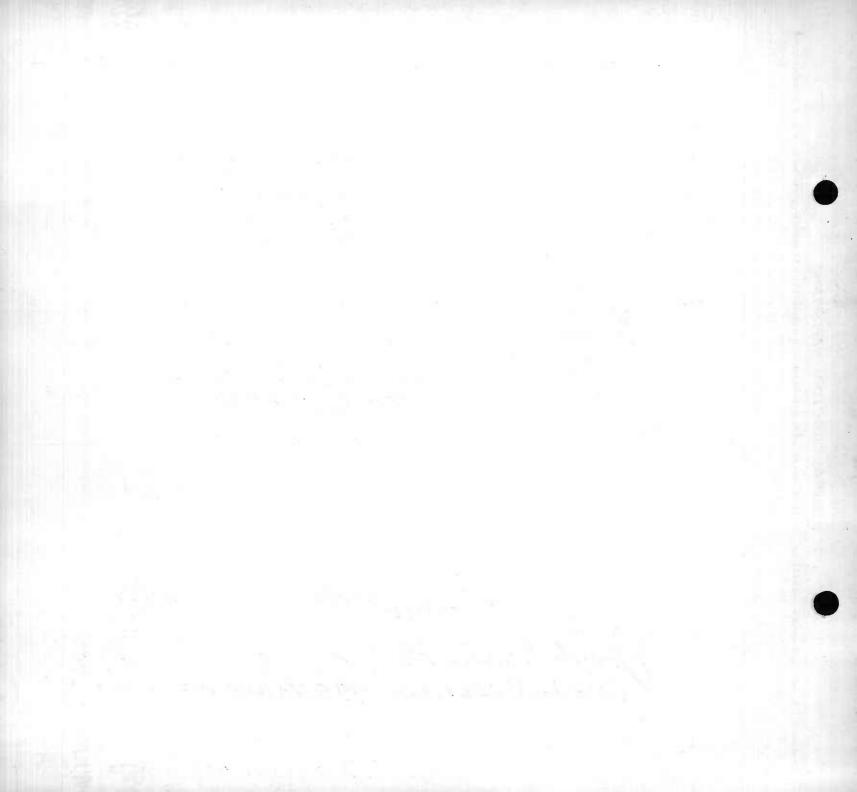
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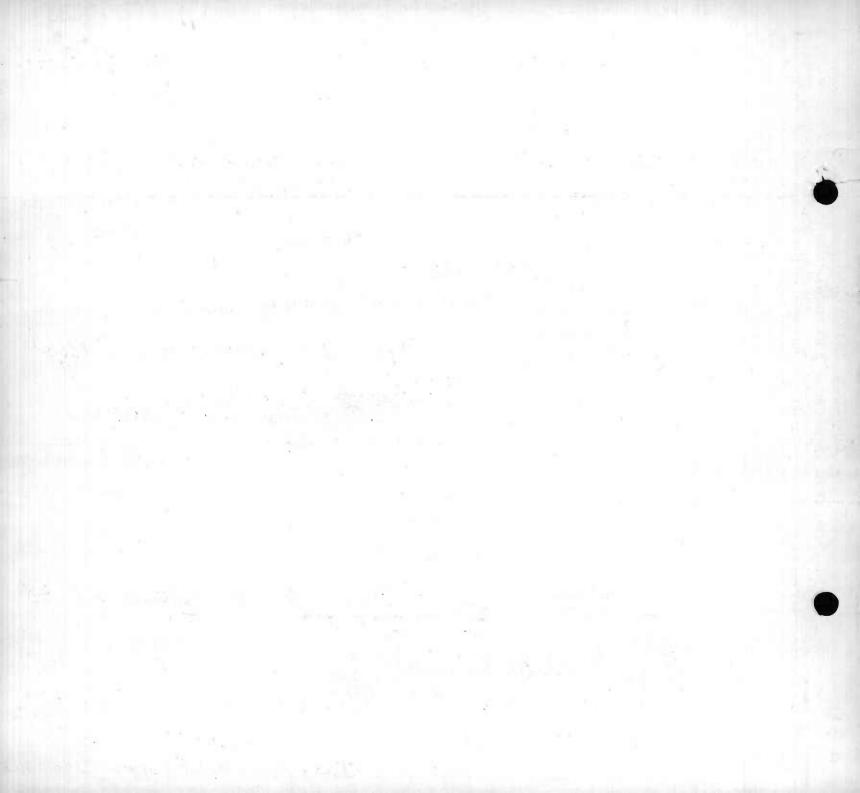
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If Under 24 Hrs.

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68 0	BALTIMORE CITY			P. 7.1.7.1.7
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BIRTH NO.	CLKIII CA	TE OF DEATH		
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Type or Print) AURETTA	SAVER	TAM	7 19	68 410 AIM
B. PLACE IN BALTIMORE, MARYLAND, WHERE PI	RONOUNCED DEAD	14. USUAL RESIDENCE (When	e deceased Wed. If in	stitution: residence before admission)
		A. STATE B. COUN	TY	
ULL NAME OF (IF NOT IN HOSPITAL OR I	INSTITUTION, GIVE STREET	MO BA	7LTO CO	
OSPITAL OR ADDRESS OR LOCATION)	0 0 0	C. CITY OR TOWN		IDE CITY LIMITS?
00 6116	BELAIR RD			YES NO 4
90		E. STREET AND NUMBER	/	3 - 2 0
FALLID MURELLE	1100.15		1 - 0 0	
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SEX 6. RACE 7. MAS	RRIED NEVER MARRIED	,	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
F WIDO	OWED DIVORCED	6/6/78	09	
MA. USUAL OCCUPATION (Give kind of work 108, KIN			an country)	12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if retired)			g,	
		MO.		USA
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
	2		>	
	PETELLAT		5	
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
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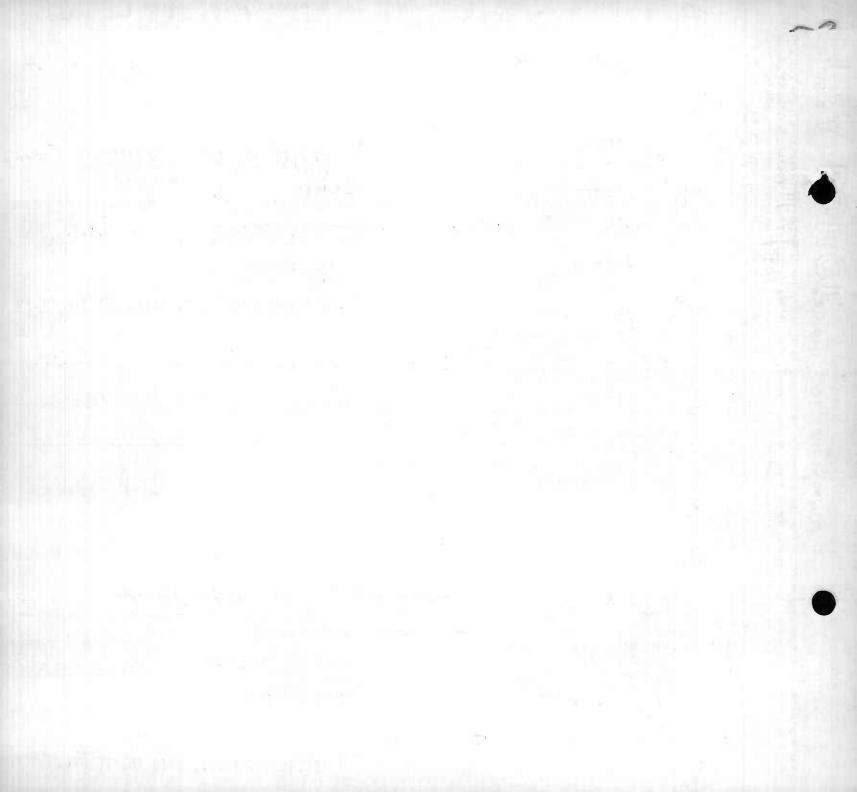
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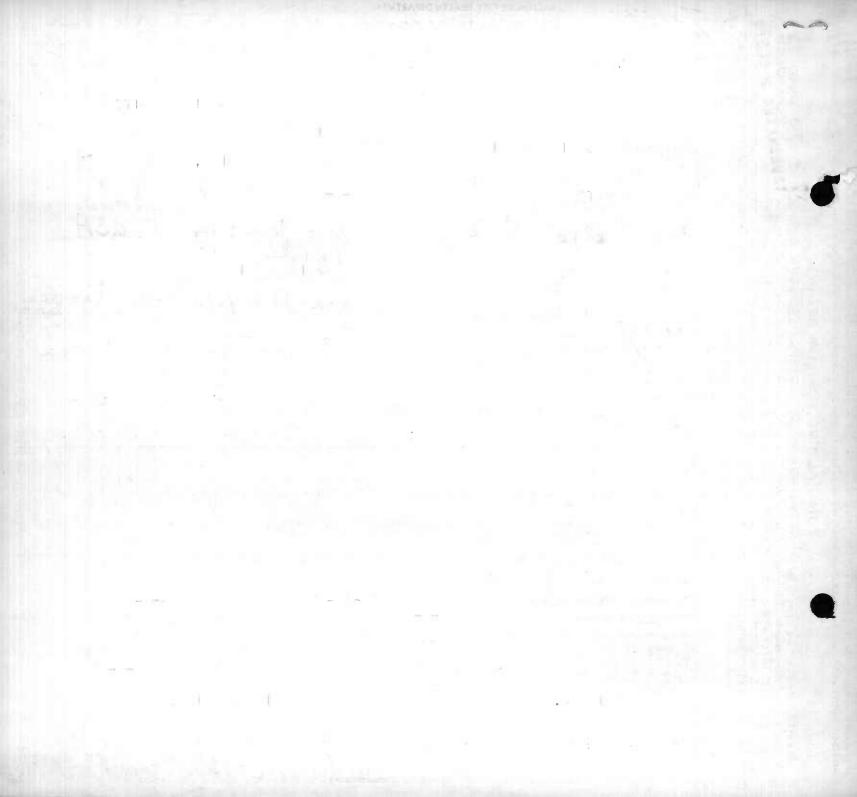
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H-265 00		ATE OF DEATH REG, NO	,
BIRTH NO.	0325 CERTIFICA	ALL OF BEATH	
NAME OF DECEASED Type or Print)	11 ,	2. DATE AND HOUR OF DEA	ATH
Elmen.	HACKERMAN	JAN 8	1968 136
3. PLACE IN BALTIMORE, MARYLAND, W	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	0
FULL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOC.	AL OR INSTITUTION, GIVE STREET	MARYLAND BALTIMOR	
		C. CITY OR TOWN D.	YES NO X
SiNA Hospital O	+ DATIMORE INC	BALTIMORE E. STREET AND NUMBER	125 110 📈
42		6607 SHELRICK PLACE	#21209 6
SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. If Under Manths Days Hours
MALE WHITE	WIDOWED DIVORCED	7-7-1911 56	
6A. USUAL OCCUPATION (Give kind of worldone during most of working lile, even if retired)	108, KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT CO
SELF EMPLOYED	WHOLESALE	BALTIMORE, MARYLAND	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
HARRY HACKERMAN		SARAH TUCKER	
S. Was Deceased Ever in U. S. Armed Fa Yes, no or unknown) (If yes, give wor or dote	es of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO STATE OF THE ST	JECOKIII IIO.	MRS. BEATRICE HACKERMAN.	6607 SHELRICK P
18. 4/10 (6)	CAUSE OF DEA		APPROXIMATE IN
hearl failure, asthenia, etc. It means injury ar complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last.	d death,) (B)	AUSE ACONSEQUENCE OF JENTHOWARY ED	13gm
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Injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITION SCONDITION SCONDITION SCONDITION STATE AND STATE OF OPERATION 198. CONVAS PER 199. DATE OF OPERATION 198. CONVAS PER 199. DATE OF OPERATION 198. CONVAS PER 199. DATE OF OPERATION (Day) (Year) OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21 D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (Month) (Day) (Year) OF INJURY (APPROX.) 23. SIGNATURE 23. DATE 24. BURIAL CREMATION, 248. DATE	any, giving stating the (C)	20 A. AUTOPSY? (Yes or No) 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, W IN CERTIFYING 21 F. HOW DID INJURY OCCUR? 22 A. AUTOPSY? (Yes or No) 20 B. IF YES, W IN CERTIFYING (If in Bal 21 F. HOW DID INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 22 A. AUTOPSY? (Yes or No) 23 D. ADDRESS 23 D. ADDRESS 24 D. LOCATION	ERE FINDINGS CONSIDERED CAUSES OF DEATH? timore City, give exact lacation) 23B. DATE SIGNED (City, tawn, ar county) MARY LAND ADDRESS

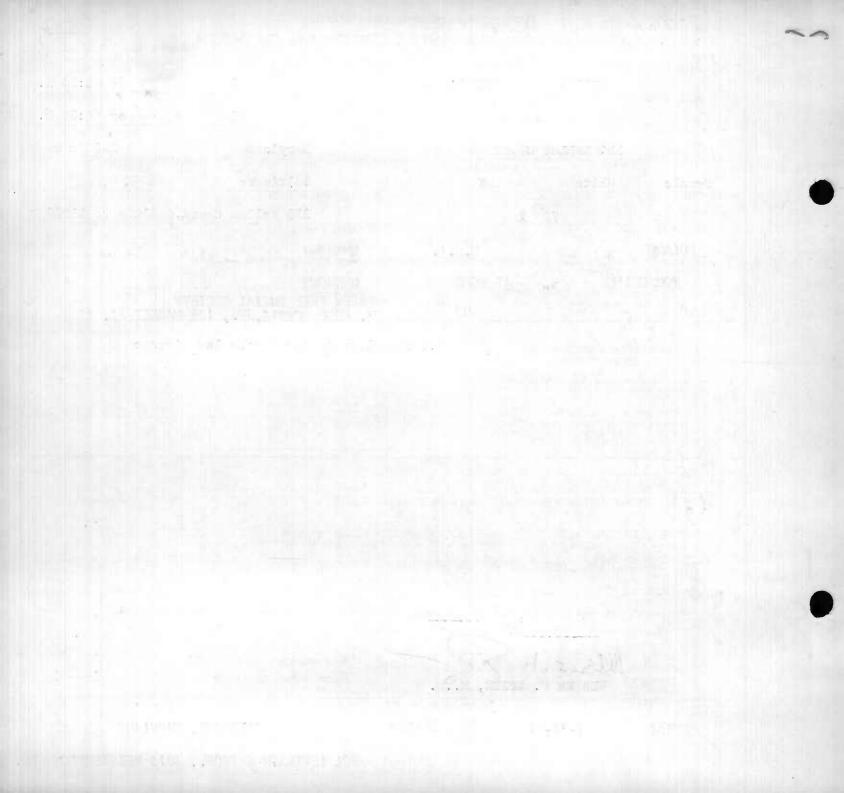


IMPORTANT

DIRECTOR:



SOL LEVINSON & BROS., 6010 REISTERSTOWN RD.



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thinen Memourn Her 5915 Geor Rease 8438118 Trivore Charación UNKNOWN

1 B-420 68 0329 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH,

68	0329
00	COLOR

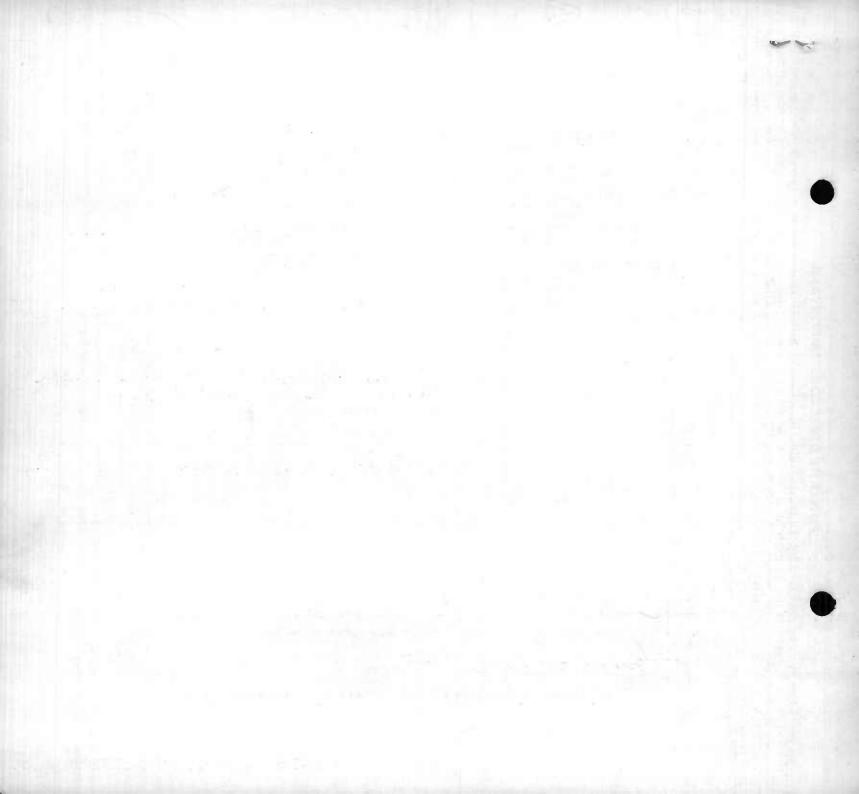
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print) RAE BLOCK	2. DATE Knawn Month Doy Year Hour
RAE BLOCK	DEATH Estimated January 7, 1968 7:45 A. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD January 7, 1968 7:45 A. M.
DR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
ST. AGNES HOSPITAL	A. STATE Maryland B. COUNTY 2 2
CEV II DAGE	
MARKIED LINEVER MARKIED L	
Female White widowed Divorced	
DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs 10. AGE (In years Months, Days, Hours, Min	
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
BALTIMORE, MARYLAND WHAT COUNTRY?	LAUTO HARRIO
SALTIMORE, MARY LAND 4A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTI	LOUIS MORRIS
ane during most of warking life, even if retired)	
HOUSEWIFE AT HOME	MAMIE WEINBERG
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	IB. INFORMANT ROCHESTER, N. Y.
NO 212-18-0862	MRS. JANET ELLSWORTH. 35 LILAC DR. APT.5
19. CAUSE OF DE	ATH APPROXIMATE INTERVAL
	ole Injuries BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	
heart tallure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or complication which caused death.)	
ANTECEDENT CAUSES (B)	
	R AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING Arter	iosclerotic Cardiovascular Disease
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED 21. AUTOPSY? (Yes or No.)
	No
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g	in ar about 22C. WHERE DID (If in Baltimare City, alve exact largian)
UNDERLYINGKIOR CONTRIB- hame, farm, factory, street, aff	, in ar about 22C. WHERE DID (If in Baltimare City, give exact lacation) (sice bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. Street	Howard Co. 1 mi. South of Savage, M.d.
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) 12 30 67 2:30 P. WHILE AT WORK	OT WHILE TO Car struck by truck (passenger)
23.	
I certify that I held an Inquiry Inspection 🗵 A	utapsy and that an this bosis, death in my apinian
resulted fram: Natural causes Accident X Suic	ide Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL IMPARIA I TO	DATE SIGNED
SIGNATURE HUYYUY M. M.	D
EXAMINER'S Werner W. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 1-7-68
NAME (Type)	
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	Y or CREMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 1-9-68 HEBREW FRIEND	SHIP BALTIMORE, MARYLAND
25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JAN 11 1968 Robert E. Sterley, Ma	SOL LEVINSON & BROS., 6010 REISTERSTOWN

VS 151-REV. 1/1/6B

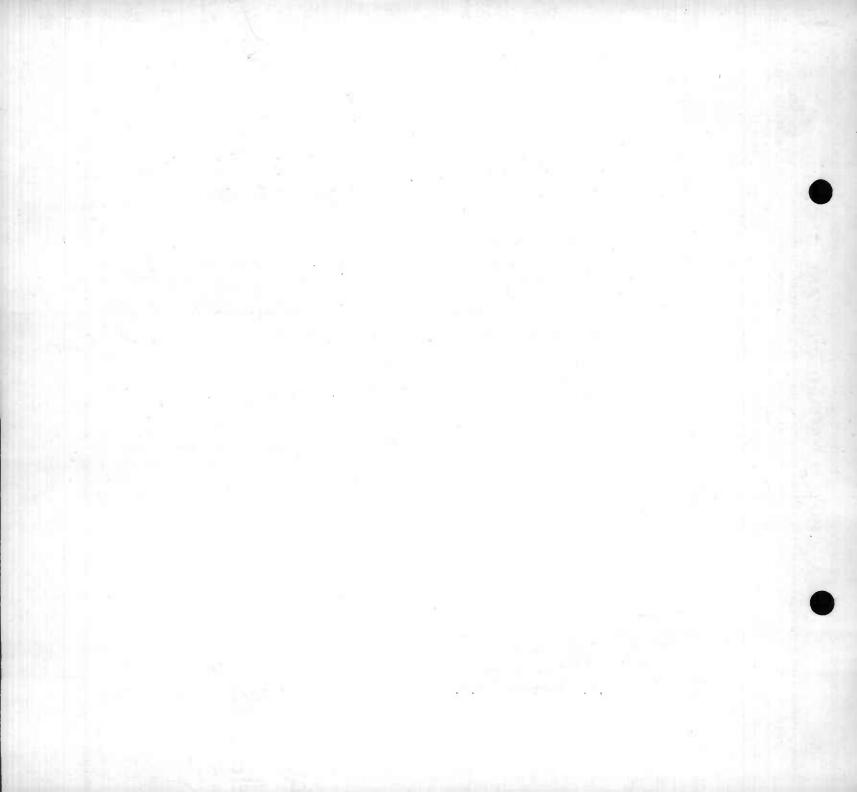


(Type or Print	GRACE SC	HENTHAL		JANUAR	y 9, 1968	8
3. PLACE IN	BALTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	decoosed lived. If in	nstitution: residence be
FULL NAME	OF (IF NOT IN HOSPIT	AL OR INSTIT	UTION. GIVE STREET	MARYLAND		James James H
INSTITUTION				BALTIMORE	D. INS	YES X NC
3412 P	INKNEY ROAD			E. STREET AND NUMBER		112 🔼
00				3412 PINKNE		21215
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH 9.	. AGE (In years ost birthdoy)	If Under 1 Yr. If Months Doys Ho
FEMALE	WHITE	WIDOWED		11. BIRTHPLA CE (State or foreig	78	lia Cizirrii Os va
done during me	ost of working life, even if retired)					12. CITIZEN OF WE
HOU.	SEWIFE	AT t	10ME	BALTIMORE, MARY	LAND	U.S.A
				14. MOTHER'S MAIDEN NAM		
	XANDER STERN posod Ever in U. S. Armod Fo	******	1 6. SOCIAL	CARRIE MOSES		ADDRESS
(Yes, no or unk	nown) (If yes, give wor or dot	os of service)	SECURITY NO.			TERS MILL R
NO			CAUSE OF DEAT	MRS. HERMAN B. F	RANK, OWING	GS MILLS M
DISEASI	LEADING TO DEATH ues nal mean the made at lure, asthenia, etc. It means camplication which caused ANTECEDENT CAUSES S OR CONDITIONS, if the above cause (A) TING CONDITION last.	the disease, death.)	(A) IMMEDIATE CAL DUE TO, OR AS (B) DUE TO, OR AS (C)	A CONSEQUENCE OF: A CONSEQUENCE OF:	ent des	trin 2 m
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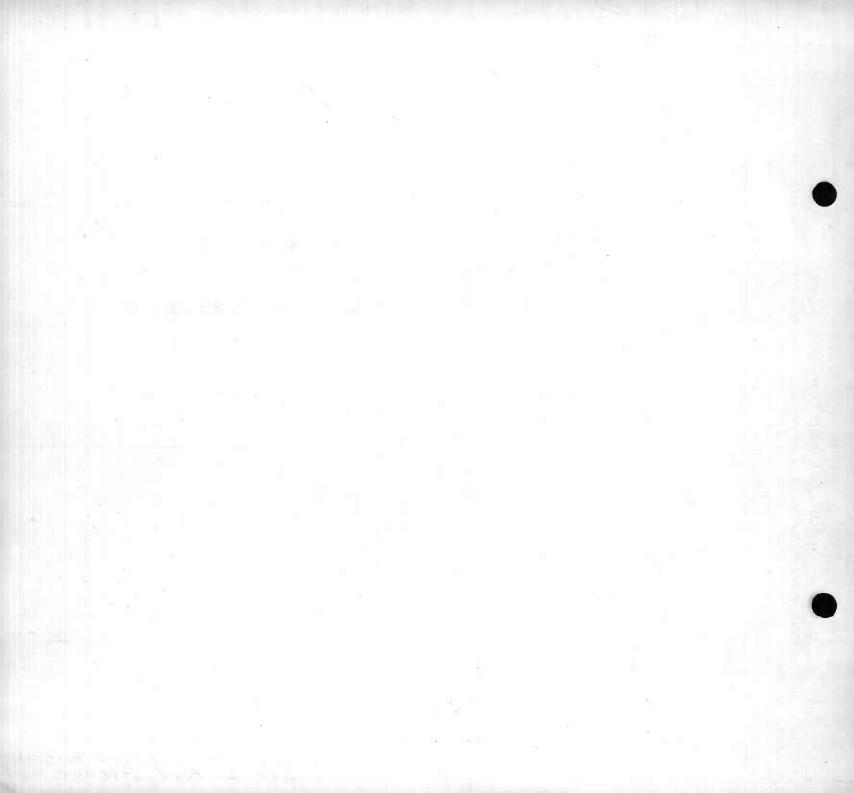
A.M.



VS 150-REV. 1/1/68



VS 150-REV. 1/1/68



The Person of the Control of the Con Paul Same and M. Paraval

17/2 11/3/1	EDITION TE OF DEATH REG. NO. 1 68 0331
	EKTIFICATE OF DEATH
NAME OF DECEASED	2, DATE AND HOUR OF DEATH
SCOVILLE, TILLIE SEIP	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	[A, STATE B. COUNTY
TULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIV	VE STREET MARY LAND BALT I MORE 12 21228 21228
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN Catonsville D. INSIDE CITY LIMITS?
ST AGNES HOSPITAL	BAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CATON & WILKENS AVENU	UES 21220 E. STREET AND NUMBER XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
BALTIMORE, MARYLAND 2	ZIZZJ I JO-SMITHWOOD AVENUE
(23)	DIVORCED □ 09/09/78 89
0A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS one during most of working life, even if retired)	S OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO
one corning most or working me, even it remedy	MARYLAND U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FREDERICK SEIPP 5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIA	ELIZABETH LENTZ AL 17. INFORMANT ADDRESS ALVE
	IRITY NO. AVE
	ST AGNES'S RECORDS CATON & WILKENS
18. 197, 7 1 CAL	USE OF DEATH APPROXIMATE INTE
DISEASE OR CONDITION DIRECTLY	Bleeding pastric carcinous
LEADING TO DEATH	NIMMEDIATE CAUSE
heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A CONSEQUENCE OF:
injury ar camplication which caused death.)	1000
ANTECEDENT CAUSES	Metastatic Ca. of wheel
The state of the s	DUE TO, OR AS A CONSEQUENCE OF:
rise to the above cause (A) stoting the UNDERLYING CONDITION last,)
151 × 11	7,
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 1198, CONDITION FOR WHICH OP	PERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED	YES IN CERTIFIED CAUSES OF DEATH!
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF	OF INJURY (e.g., in or obout 21 C. WHERE DID (If In Boltimore City, give exact lacation)
J 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF home, form, form	OF INJURY (e.g., in or obout 21 C. WHERE DID (If In Boltimore City, give exact lacation) factory, street, office bldg., INJURY OCCUR?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 218. PLACE OF home, form, for etc.)	foctory, street, office bldg., INJURY OCCUR?
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Howard H., Hubbard, 4107 Wilkens Ave. 21229

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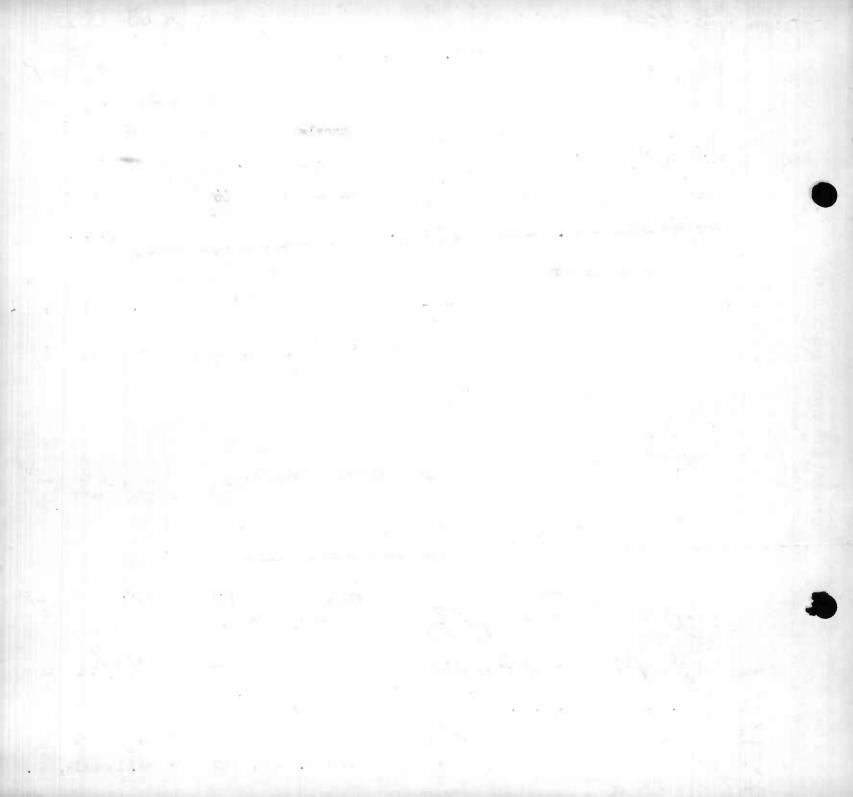
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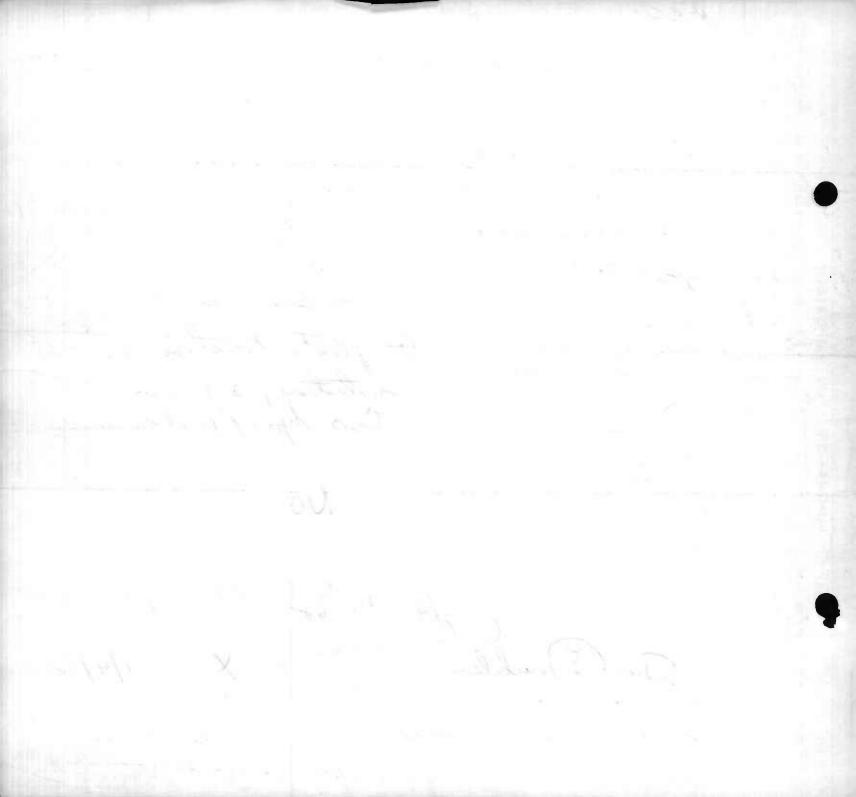
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

5-456 68 0		HEALTH DEPARTMENT	REG NO.	68 0335
BIRTH NO.	335 CERTIFICA		Y	
1. NAME OF DECEASED (Type or Print)	Carl H. Schlemme	2. DATE AND	HOUR OF DEATH	_10
Carl Schlemmer		1/8	168	5
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUNT	Y	nstitution; residence before odmyssic
FULL NAME OF HOSPITAL OR II ADDRESS OR LOCATION	NSTITUTION, GIVE STREET	Maryland c. City or town	Baltim	DE CITY MAIS?
Baltimore City Hospitals	3	Dundalk E. STREET AND NUMBER		YES NO X
4940 Eastern Ave. Baltimore. Maryland # 2122) /	1703 Todd Ave	# 21222	53-00
	RIED ANEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
Male White WIDO	WED DIVORCED	11-28-01	66	Months Doys Hoors Min.
OA, USUAL OCCUPATION (Give kind of work 108, KIN	terms to the second			12. CITIZEN OF WHAT COUNT
	chem Steel Co.	West Virginia		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
Jacob Schlemmer		Amelia ?		
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown] (Iff yes, give wor or dotes of serv	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	SECURITY NO. 233-05-2917	BCH. Records /0/	O Fostown	#21224 Ave. Baltimore, M
18, , 0 9 1	CAUSE OF DEAT		o Eastern	APPROXIMATE INTERVA
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	Meadowridge Memo	rial Park	Dors	sey, Maryland
25A. DATE REC'D BY HEALTH DEPT. Rolen	ME OF REGISTRAR	John J. Duda,	7922 Wise	Ave. Dundalk, Md.
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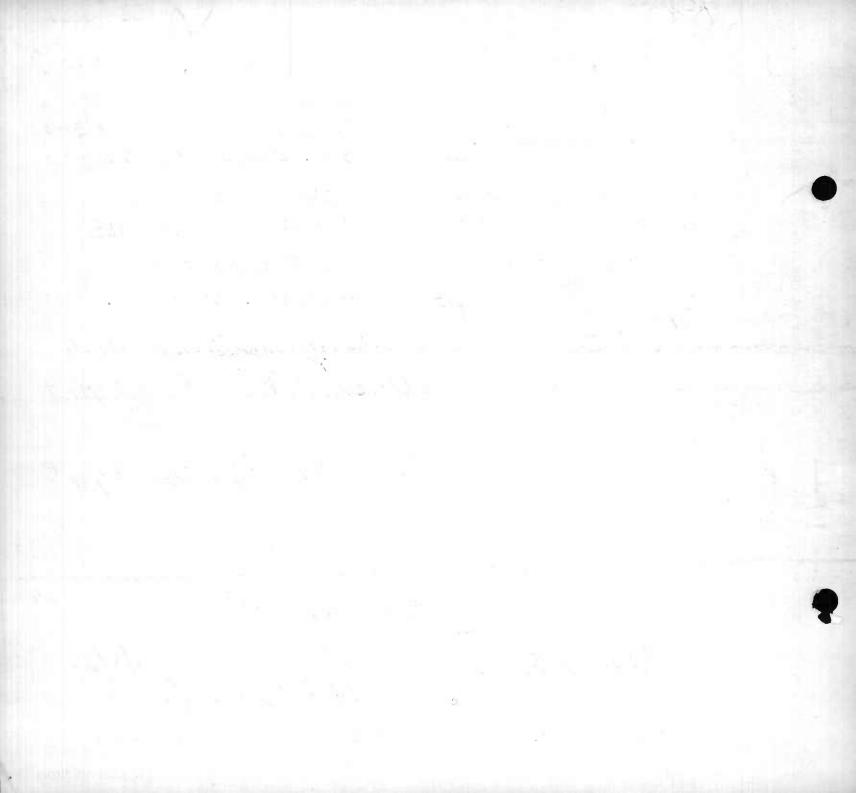
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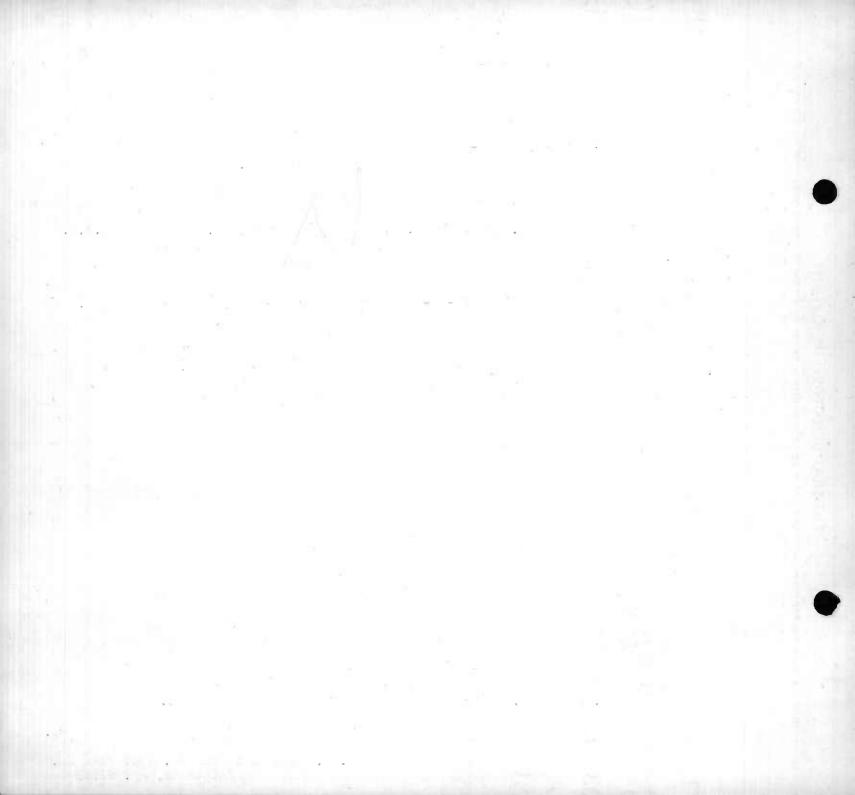


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					OUNTY	
FULL NAME OF	f (If not in hospital address or location		ive street	Md.	f outside city limits, write	VIRAL med nive (ownship)
INSTITUTION				Baltimore	Toolside City Illinis, William	
	641 Yale, A	lve.		D. STREET ADDRESS	(If rurol, give location)	
20				641 Yale Av	7e.	
, SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 2
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Clerk 3. FATHER'S NAM		OOTSECA	Lamiotive co.	14. MOTHER'S MAIDEN	NAME	U.S.A.
	H. Stewart				erine Linge	
	Ever in U. S. Armed Fo. (If yes, give wor or dote		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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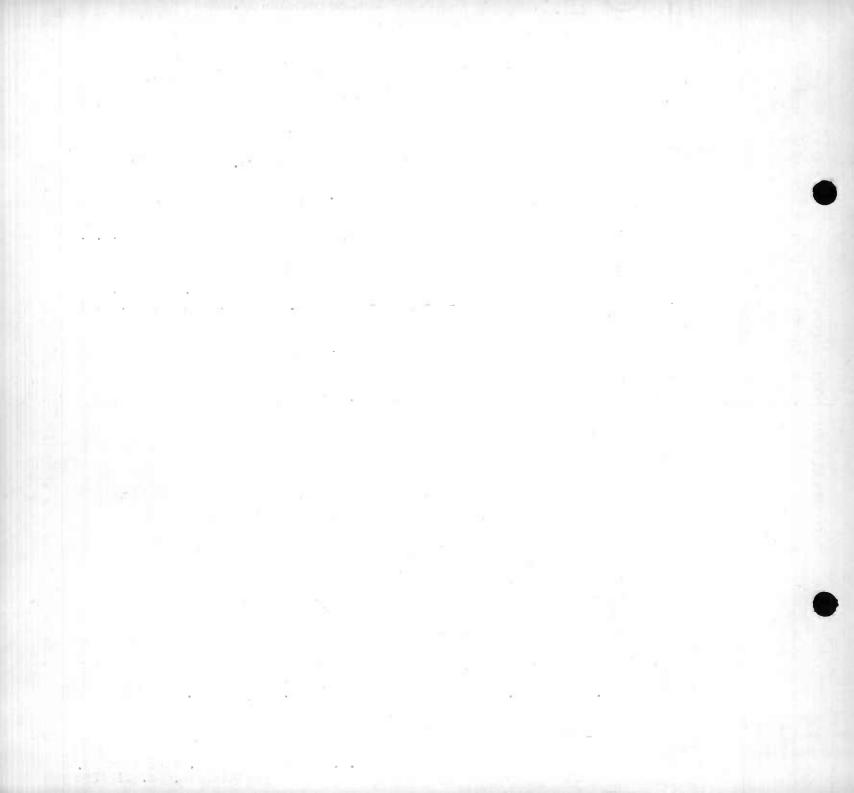
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FUNERAL DIRECTOR: IMPORTANT

1. NAME O			CERTIFICA			
,	F DECEASED				2. DATE AND HOUR OF D	
	Ro	salie Young			January 9, 196	68 9:45
3. PLACE I	N BALTIMORE, MARYL	AND, WHERE PRONO	UNCED DEAD	4. USUAL RES	B. COUNTY	d. It institution; residence before add
FULL NAM	E OF (IF NOT IN	HOSPITAL OR INSTIT	UTION, GIVE STREET	Maryla	nd	125-6
HOSPITAL	OR ADDRESS	OR LOCATION)		C, CITY OR TO		. INSIDE CITY LIMITS
*				Baltim	ore	YES NO
an	Long Gr	een Nursing	Home	E. STREET AN	D NUMBER	
10					oland Ave.	
S. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BI	9. AGE (In year last birthday)	Months Doys Hours
	= W	WIDOWED	DIVORCED _	Oct. 1	6.1885 82	
	OCCUPATION (Give ki		BUSINESS OR INDUSTR	Y 11. BIRTHPLAC	E (State or foreign country)	12. CITIZEN OF WHAT CO
			tarial	Maniela	and .	11 0 4
13. FATHER	lical Secret	ury secre	etarial	Maryla 14. MOTHER'S	MAIDEN NAME	U.S.A.
10	wander He			T 0 0	11. 00:1.	
	exander Youn		1 6. SOCIAL	17. INFORMAN	Mullikin	ADDRESS
	nknown) (If yes, give w		SECURITY NO.	INFORMAN	927 St.	Asaph St. ADDRESS
No)		220-30-3737		A. Carr Alexand	tria. Va. 22314
18.15	1.9 1		CAUSE OF DEA			APPROXIMATE INT
TO THE	/ X II SIGNIFICANT CONDITION DEATH BUT NOT RELA		(C)			
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	\	VAS PERFORMED		2070	IN CERTIFYIN	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
E /	CCIDENT WAS UNDER		PLACE OF INJURY (e.g.,	, in or about 21 C. V	WHERE DID (If in B	oltimore City, give exact location)
U 21A. A. OR CO DEATH	NTRIBUTING CAUSE			office bldg., INJUI	RY OCCUR?	
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P-200 00 001A	BALTIMORE CIT	T HEALTH DEFARTMENT		68 0341
K-200 68 0341	CERTIFICA	TE OF DEATH	REG. NO	00 0041
BIRTH NO. 1. NAME OF DECEASED			ID HOUR OF DEATH	
(Type or Print) Edna D. Riggs	RTCC		10, 1968	. 47
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUN		4. USUAL RESIDENCE (Whe	re deceosed lived. If i	institution; residence before admissio
ERTIFICATE AME	NDED	A. STATE 8. COUN		1.
HOSPITAL OR ADDRESS OR LOCATION	ON, GIVE STREET	Maryland	Baltim	
NSTITUTION	1-24-68	C. CITY OF TOWN	D. IN	SIDE CITY LIMITS?
00		TOWSON E. STREET AND NUMBER		YES NO
9 Clong Green Nursing	Home			12.00
		907 Breezew		
	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost bigthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
F WIDOWED		9/15/1914	53	
A. USUAL OCCUPATION (Give kind of work 108, KIND OF Blone during most of working life, even if retired)	USINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNT
	224	De de de calación colo	Do	II G A
Housewife Own Ho	NIII Q	Pittsburgh	ME	U.S.A.
Lloyd Russell Dague	(Frankie Lan	g	ADDOSES
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No		Edward G. R	iggs Rigg	(Same)
18. 1 7 LL X	CAUSE OF DEAT		-80-	APPROXIMATE INTERVAL
injury or complication which coused death.) ANTECEDENT CAUSES	- suite	astosis to lu	no g bras	
		s a consequence of:		1 y car?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving tise to the obove couse (A) stoling the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	(c) Carris	noma of brea	ast	1 y car?
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DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH SUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PC OF INJURY (APPROX.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. IN White Work 22. I certify that (I) (this baspital) attended the that (I) (WE) tost sow the deceased alive an ond hour and from the couses stated above. (I) (23A. SIGNATURE CAUSE OF REMOVAL (Specify) Theodore Graz 24A. BURIAL CREMATION, 248. DATE 24C. NAME REMOVAL (Specify) Rem. BURIAL CREMATION, 248. DATE 24C. NAME OF REMOVAL (Specify)	(c) Caulin (c) Caulin (d) Caulin (d) Caulin (d) Caulin (e.g., form, foctory, street, foctory,	20A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING C. (If in Boltimo URY OCCUR? 1953 to	FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exoct locotion) Jan 10 19 68 pinion death occurred on the do

IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

Md.

ADDRESS

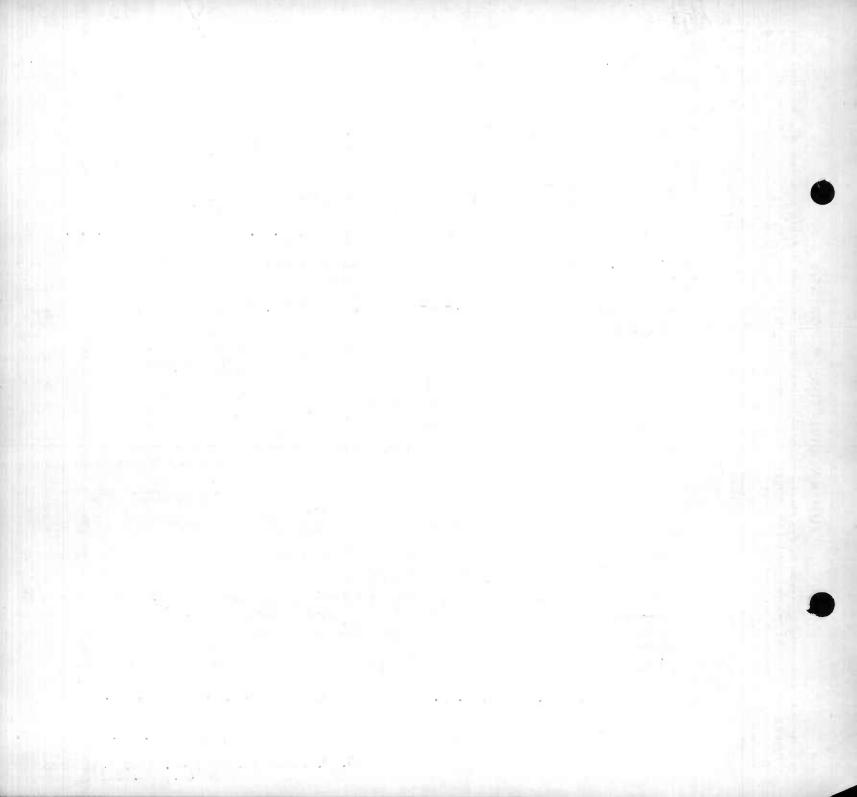
Baltimore Nd. 21212

ADDRESS

If Under 24 Hrs.

the largest and in most

D-121	BALTIMORE CITY	HEALTH DEPARTMENT		68 0343
626 68	0343 CERTIFICA	TE OF DEATH	REG. NO	00 0040
	02.(11110)			
NAME OF DECEASED			D HOUR OF DEATH	
PARKER MRS	BEATRICE E		1/8/68	1:00 P
PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (When		nstitution: residence before admissio
		Maryland		Saltimore C
TULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET			
NSTITUTION		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
MERCY HOSPITAL INC		Lutherville		YES NO X
7.5		E. STREET AND NUMBER 14 Nightingal	a Was	10
. 37		14 Nightingat	.e way	53-00
SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H
			last birthday)	Months Days Hours Min,
	OWED DIVORCED	8/26/1884	83	
OA. USUAL OCCUPATION (Give kind of work 10B. KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNT
	Dwn Home	Newbern, N. C.		U.S.A.
FATHER'S NAME	TOME	14. MOTHER'S MAIDEN NAM	AF	u. J. A.
			VIL	
Charles P. Ellis		Annie Barnes		
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give war ar dates of se				
No	216-46-4795 CAUSE OF DEAT	Miss Mary G. P	arker	(Same)
1B. /// 9 1	CAUSE OF DEAT	Н		APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY				DETWEEN ONDET AND DEA
LEADING TO DEATH		^		V -
	(A) IMMEDIATE CAL	SE ARTERIOSCLE A CONSEQUENCE OF: VASC	ROTIC CAR	DIO- YEARS
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	AR DISE	ASE
injury or complication which caused death.)	VASC	OLMIC CIGO	7734
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony,	giving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating	g the			
UNDERLYING CONDITION last.	(C)			,
4231 11				
Z	ITING			
TO THE DEATH BUT NOT RELATED TO THE TERM				
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20R IE VEC WEDE	EINDINGS CONSIDERED
WAS PERFORME	D	446	IN CERTIFYING CA	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		469		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	fice bldg INTURY OCCUP	(If in Baltimo	re City, give exact location)
DEATH (notify medical examiner)	etc.)	mee bigg, majori Occor:		
21D.TIME (Manth) (Day) (Year) (Hou		21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Work	е		
	Work At Work			
22. I certify that (1) (this hospital) offer	nded the decepsed from	12/26	1967 to 1,	1968
	. / 0	1 4 W	1	
that (1) (we) last sow the deceased oliv	e un	and the	or in (my) (our) op	inion deoth occurred on the c
ond hour and from the couses stated abo	ave. (1) (We) (did) (did not) v	view the body ofter deoth.		
23A. SIGNATURE				23B. DATE SIGNED
Jeanne S. Krou	. / M.D Atte	ending Med.	Shoff	1/8/68
Jeanne - Man	DEGREE Phy		Staff Phys.	1/0/68
23C. PHYSICIAN'S		23D. ADDRESS		
NAME (Type) Todaya C Kha		Manne Harnit	al, Baltimo	one Md
JULIANO S. KAL	ILLS. M. D.	MEACH HOADAA		/ CE a I'ICE a
	zus, M. D.			nee, mas
4A. BURIAL CREMATION, 24B. DATE				City, town, or county) (State)
A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CR	EMATORY 24D. LO	OCATION (C	City, town, or county) (State)
Burial CREMATION, 24B. DATE REMOVAL (Specify) 1/11/68	24C.NAME of CEMETERY OF CRI	EMATORY 24D. LO	ocation (condition) dlawn, Bala	city, town, or county) (State)
AA. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 1/11/68	24C. NAME OF CEMETERY OF CR	EMATORY 24D. LI WOO 25C. FUNERAL DIRECTOR	ocation (dawn, Bala	to. Co., Md
AA. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 1/11/68	24C.NAME of CEMETERY OF CRI	EMATORY 24D. LO	ocation (dawn, Bala	to. Co., Md
Burial CREMATION, 24B. DATE REMOVAL (Specify) 1/11/68	24C.NAME of CEMETERY OF CRI	EMATORY 24D. LI WOO 25C. FUNERAL DIRECTOR	ocation (dawn, Bala	to. Co., Md

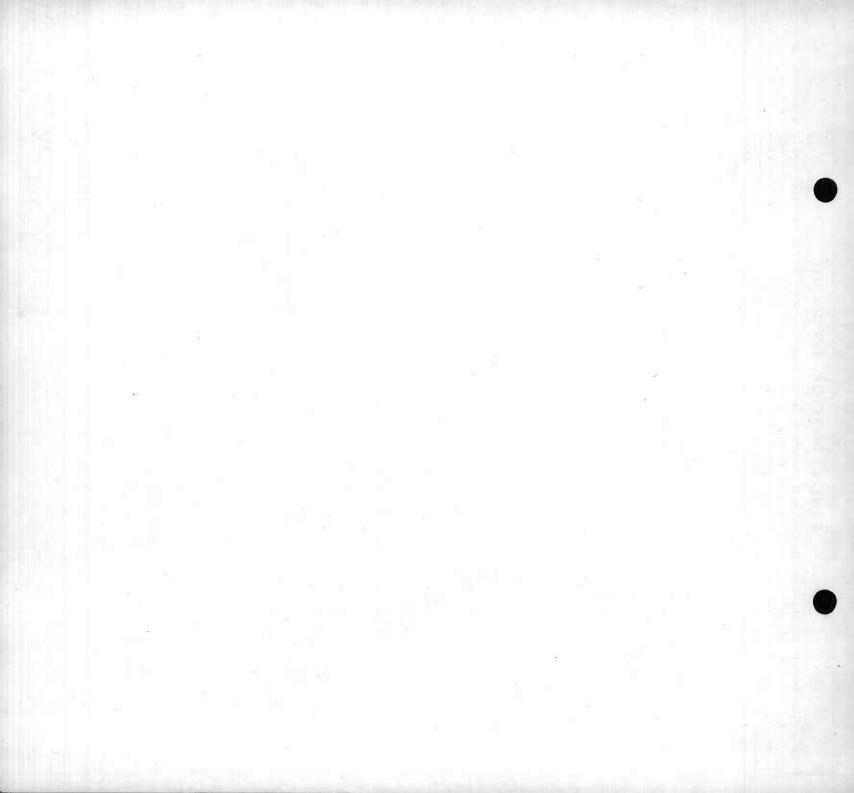


FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



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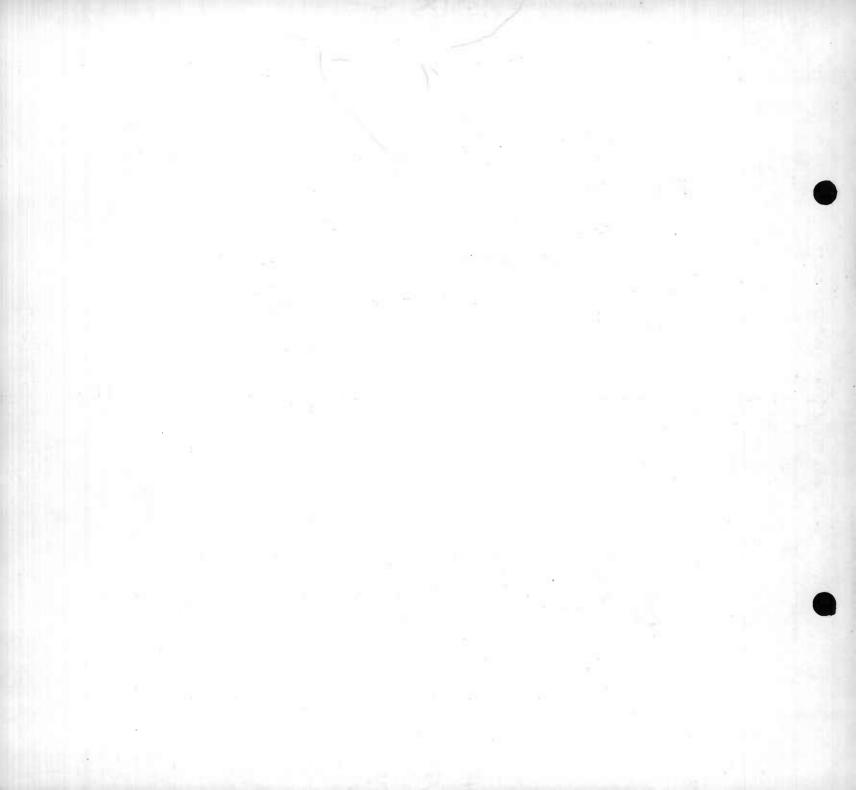
68 0346 BALTIMORE CITY HEALTH DEPARTMENT AMENDED 68 0346

BIRTH NO	ME	DICAL E	XAMINER'S	CERTIFIC	CATE O	F DEAT	H REG. NO	•	
I. NAME OF DE	CEASED B	MAC P	EYNOLDS	2. DATE	Known X	Month	Doy	Yeor	Hour
(Type or Print)		AC RAYNO		OF	Estimoted		9		
4 DIACE IN R	ALTIMORE, MARYLAND,			DEATH 3. DATE	Estimoted L	Month	Dov	68 Yeor	8:00p M.
FULL NAME OF		ITAL OR INSTITUT	TON, GIVE STREET	11	JNCED DEAD	January	9	1968	8:00p M.
HOSPITAL OR INSTITUTION	ADDRESS OR LO	CATION	D.O.A.	5. USUAL R			ed. If Institution		pefore odmission)
01.01	Union Mem	Offal Us		A. STATE	a 1 a 1		B. COUNTY		
6. SEX	7. RACE			C. CITY OR	aryland		D. INSIDE C	ITV HAITS?	7-46
Female	White	WIDOWED	NEVER MARRIED DIVORCED	Balti				- F	NO 🗆
9. DATE OF BIR			Inder 1 Yr. If Under 24 Hrs.		ND NUMBER	7	1	E2 (V)	NO L
	lost birth		nths, Doys, Hours, Min.		413 South	hwav			
	(State or foreign country) 12.	CITIZEN OF	13. FATHER					
Ma	ryland		WHAT COUNTRY?	W:	illiam H	Henry	Clogg		
			BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	AME			
HOU	fworking life, even if retire ISEWIIE	"		1	/irginia	A. Maso	on		
16. WAS DECEA	SED EVER IN U.S. ARM	ED FORCES?	17. SOCIAL	18. INFORM	TAAN		A	DDRESS	
(1 es, no or onknow	(1) yes, give wor or dot	es of service)	213-20-1528	Mr. Ro	bert Mac	Reynolo	is same	e addre	ess
19.	9.		CAUSE OF DEA					AP	PROXIMATE INTERVAL
OF 1 2	et i	NECTLY.	Λ~.	torioco	lerotic	Cardion	2001122		
DISEA	SE OR CONDITION DI	RECILY			Terotic .	Carulov	ascular	DISEA	se
(This does	not mean the made of	dying, e.g.,	(A)IMMEDIATE C	AS A CONSEQ	UENCE OF:				
heort follu	re, osthenio, etc. It meons omplication which coused (the diseose, deoth.)							
DISEASES RISE TO T	ANTECEDENT CAUSES OR CONDITIONS, IF A HE ABOVE CAUSE (A) S HNG CONDITION LAST	TATING THE	(B)DUE TO, OR	AS A CONSE	QUENCE OF:				(2)
Z			(C)						
O THE D	NIFICANT CONDITIONS EATH BUT NOT RELATED OR CONDITION GIVEN IN	TO THE TERMINA							
20A. DATE			WHICH OPERATION W	AS PERFORM	NED			21. AUTO	PSY? (Yes or No)
00									No
UNDERLYIN	RNAL CAUSE WAS		PLACE OF INJURY (e.g., e, lorm, foctory, street, office				re City, give ex	oct locotion)	NO
¥ UTING L C	(Month) (Doy) (Y	eor) (Hour)	22E.INJURY OCCURRED	2	2F. HOW DID I	NILLIBY OCCI	ID2		
OF INJURY (APPROX.)	(Monin) (Doy) (1-		WHILE AT NOT	WHILE	ZI. HOW DID I	NJOKI OCC	JK!		
23.		m. ₁	WORK LI AIW	OKK L		-			
		Inquiry	Inspection X Au	tapsy 🗌	and that on	this basis,	death in my	apinian	
rest	Ited fram: Notural c	ouses X	Accident Suicid	de 🗌 Ho	micide 🗌	Undetermi	ned manner		
	81	_			CHIEF MEDICAL	EXAMINER			DATE SIGNED
SIGNA	1 / h A / h	J.W	M.D	ASSI	STANT MEDICA	LEXAMINER	X		DATE SIGNED
EXAMI			W.D		CIATE MEDICAL	LEXAMINER			
NAME		ard F. Wi	lson, M.D.	,,,,,,			Jan	uary 10	1968
24A. BURIAL CR	EMATION, 24B. DATE		4C. NAME of CEMETERY	or CREMATO	ORY 240	LOCATION		n, or county	
Burial	1/30	/1968	Woodland		1	Voodlaw	n Ma		
	D BY HEALTH DEPL		Woodlawn Ce		FUNERAL DIREC			ADDRESS,	14 . 1
ZOA. DATE REC	JAN 1 2 1968	Robert	E. Falleyna	7/1	m17	ihn.	Ala	Ba	the fa

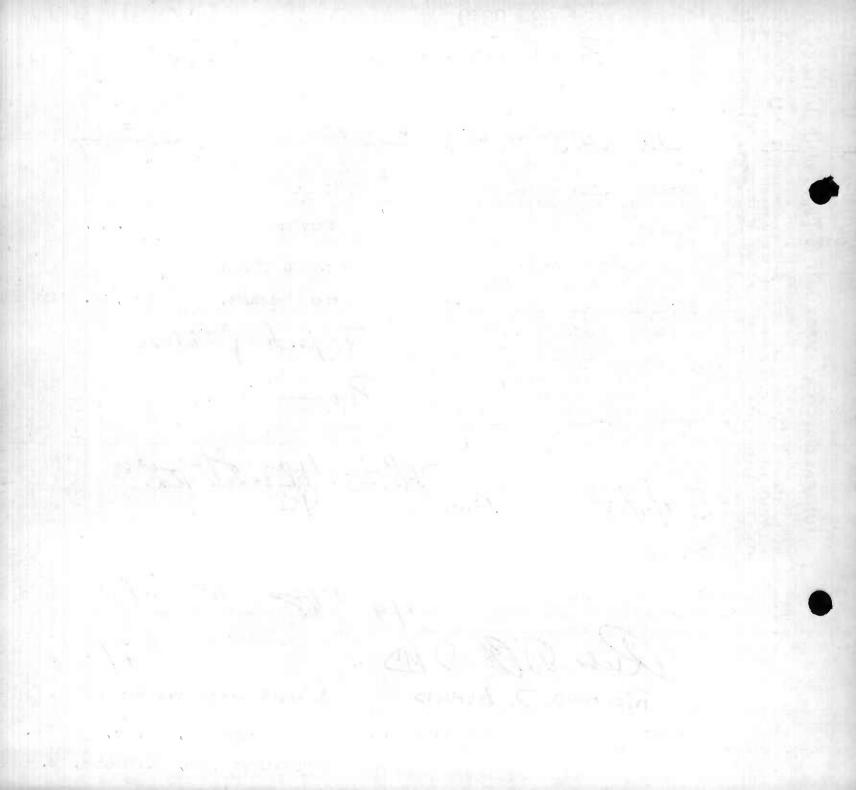
VS 151-REV. 1/1/6B

250 7 Mayhirin Billion 77.3 10-30-34 MARYLAND ALBARIN TO HAKEK HERMAN REHBEIN from the particular of the transfer and Towner to 80 Mount Colonelle) ()

VS 150-REV. 1/1/6

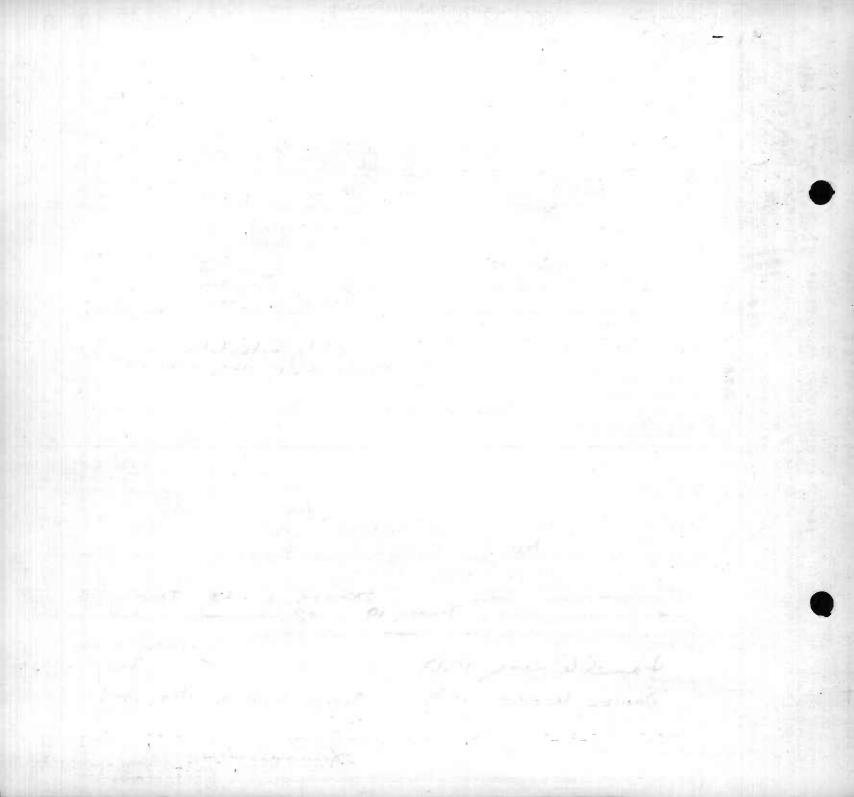


	00 0040	HEALTH DEPARTMENT	68 0349
0.1	CERTIFICA	TE OF DEATH REG. NO.	00 0040
1.	NAME OF DECEASED	2. DATE AND HOUR OF DEATH	955 A.M
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in	stitution: residence before admission)
F	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Kent	DE CITY LIMITS?
11	NSTITUTION 11 NSTITUTION		YES NO
6	33 Johns Hopens Voyliv	E. STREET AND NUMBER	64-00
	MAKKIED NEVER MAKKIED E	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
			12. CITIZEN OF WHAT COUNTRY
		Maryland	U.S.A.
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
isp	Bernard Robinson	Suzanna Wilson	
15 (Y	5. Was Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service)		ADDRESS
fin	No. None		lena, Md. 21635
mbalmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does nal mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) (A) IMMEDIATE CAI DUE TO, OR AS	USE Respiratory Failer	BETWEEN ONSET AND DEATH
ins are e	DISEASES OR CONDITIONS, if any, giving itse to the above cause (A) stoting the UNDERLYING CONDITION last.	A CONSEQUENCE OF:	
the re	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20 A. AUTOPSY: (Jes. or No.) 20 B. IF YES. WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
lo.	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21 C WHERE DID (If in Baltima) Affice bldg., INJURY OCCUR?	re City, give exoct location)
ned	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not Whi	21F. HOW DID INJURY OCCUR?	1-1
e obto	22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an	12/76 19 Sta	nion death occurred an the date
÷.			
al mus	23A. SIGNATURE Reclear & Monthson Amphy Phy Phy Phy Phy Phy Phy Phy Phy Phy P	ending Med. Staff price Phys.	23B. DATE SIGNED
pprov	23C. PHYSICIAM'S NAME (Type) IYICHARD D. BLAND DEGREE	JOHNS HOPKINS	HOSPITA4BAY
D 2	Burial 1/12/68 Georgetown Cemet	ery Georgetown,	Kent, Md.
2	A PROF. NO.		Address Millington, Md.
		relions a bon, 1	
	written approval must be obtained before the remains are embalmed or final disposition is made.	BIRTH NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD PULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD PULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD PULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) 3. PLACE IN BALTIMORE MARYLAND, WHO IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET MADE Male White Wildows of LOCATION) 5. SEX	BBITH NO I TRANE OF DECEASED J. PLACE IN BAITIMORE, MARTLAND, WHERE PRONOUNCED DIAD IT, HARD OF DECEASED J. PLACE IN BAITIMORE, MARTLAND, WHERE PRONOUNCED DIAD J. STATE J. STATE MALE MAILE MAILE MAILE MALE MARTLAND J. MARRIED DIVER MARRIED NORCES STREET MALE MATYLAND CCITY OR TOWN CONTROL STATISTIC AND NUMBER J. J



VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

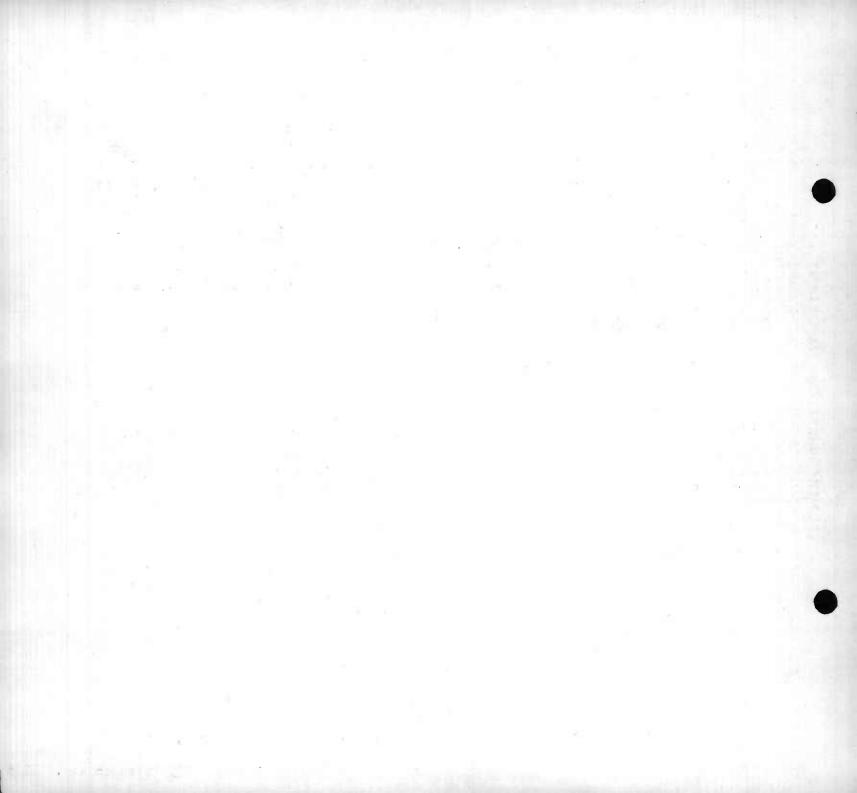


DIRECTOR:

FUNERAL

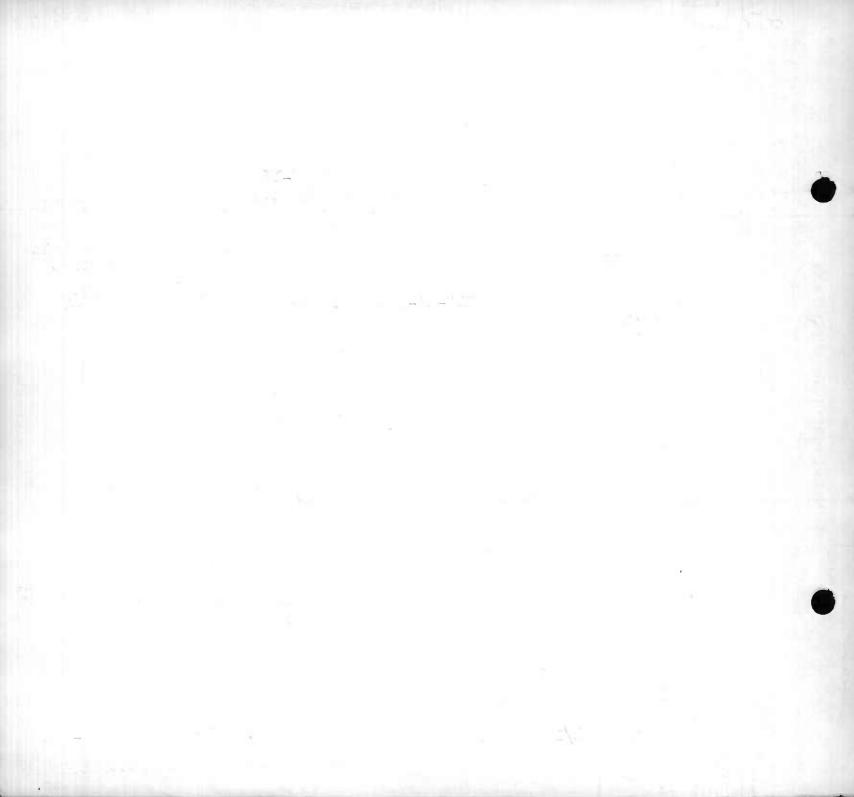
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



DIRECTOR:

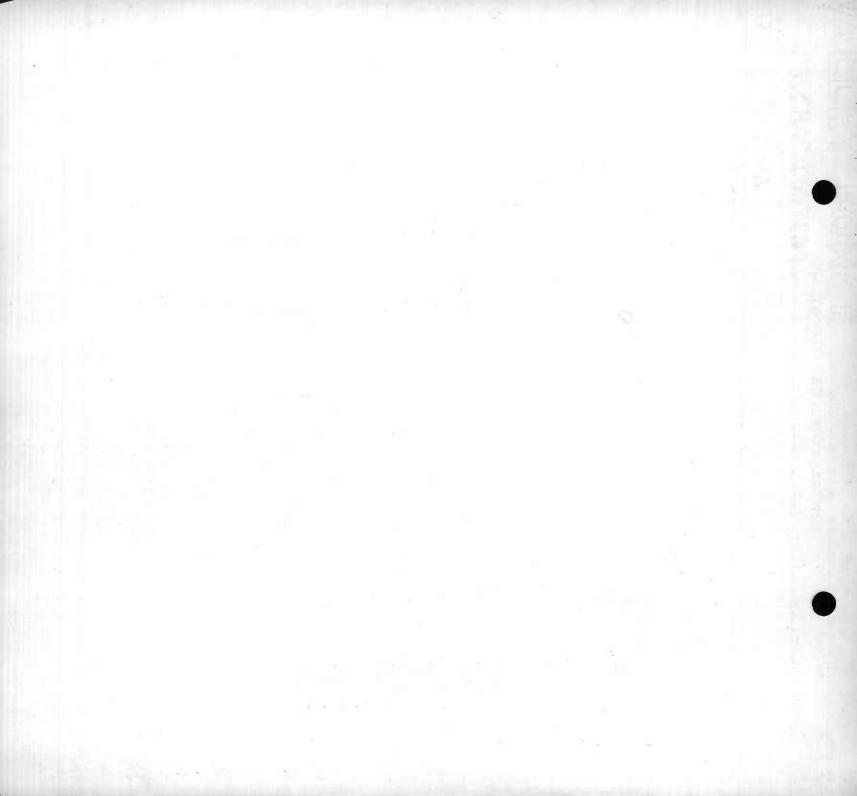
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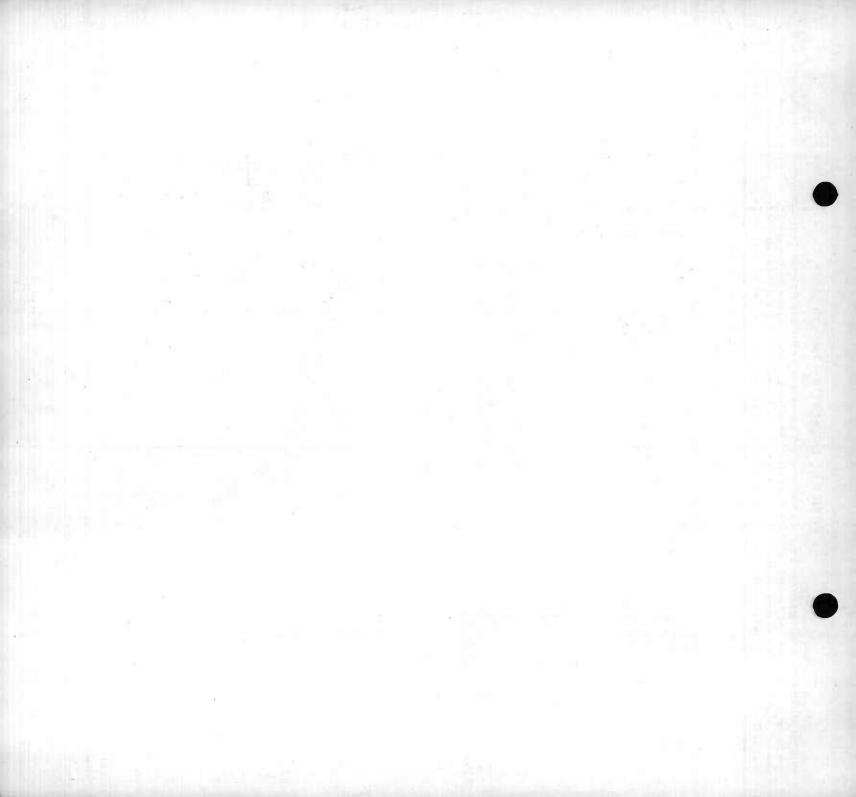


C.	-72]			62	035	3 BALTIMORE CIT	Y HEALTH D	PEPARTMENT			
	70 0 2 0	BIR	TH NO.	(czos			TE OF	DEATH	REG. NO.	63	0353
N	deat deat ease n th	1. N	AME OF DECE	HESTER I	111111111111111111111111111111111111111	TOSETHINE			HOUR OF DEAT	гн	5-40 R.
5	of of Dec	3. 1		IMORE MARYLAND,			4. USUAL	RESIDENCE (Where	e deceased lived. It	institution; re:	sidence before admission)
~	hosp use (5) [lance dea	FU HC	LL NAME OF	(IF NOT IN HOSPI ADDRESS OR LOG	TAL OR INS	TITUTION, GIVE STREET	C. CITY OR	MANYCAM	<i>SP</i>	NSIDE CITY LIA	2-07
	se; se;				2 /1	COITAI		BALTIM		YES	ио П
	in i		CHURCH	HOME A	ND 40	STICKE	E. STREET	AND NUMBER			
	ed ar		35	Section 1		re g	535 5.	Chapel Si	-		
•	ntrib rmin egulo ased s mac	5. \$	FEMALE	WhITE	WIDOW		12 /15		ost birthday)	If Under Months	Doys Hours Min.
	co co ere ce ce		during most of w	orking lile, even if retired		OF BUSINESS OR INDUSTR		ACE (State or foreign	gn country)		EN OF WHAT COUNTRY?
	or nd de itio	-	1	wife		Home	D,	20	v100000	, and	711
	if d (4) U was the spos	13.	FATHER'S NAM		FATT	(01:151:1		R'S MAIDEN NAM	_		
	ire ire (4		MICH	AEL B	ENIF	rowski	CA	THERI			
Z	e d nd; eat	15. (Yes	Wos Deceased , no or unknown)	Ever in U. S. Armed F (If yes, give war or da	orces? tes of servic	1 6. SOCIAL SECURITY NO.	17. INFORM	TANT CCZC	SNOWSKI)	ADDRESS
27	the the de de		No			219-07-2408 A	EDW	ANCO CHE	STER	5 35 51	Chapel St.
ō	if if as		1B. 4101	9 1		CAUSE OF DEA	Ĥ		MIES	81	APPROXIMATE INTERVAL
MPORTAN	his so, of or or unc			E OR CONDITION D			1	Peute M	1:11	2/1	- mule
=	P P P E		(This does no	of meon the mode	f dying, e.		A CONSEQUE	ENCE OF:	ge earnine	ynew	//wwc
~	er. ctu pro ar			asthenio, etc. It meon plicotion which couse		se,			/		
0	fra gul		А	NTECEDENT CAUSE	S	(0)	ASW	10			
Ü	X A A A			R CONDITIONS, if			A CONSEQU	JENCE OF:			
DIRECTOR:	(3) ey			obove couse (A	sloling t	(C)					************
	dica cal ns; icia icia as		420.1	11						- 5	
UNERAL	edi bur hys n w	101		CANT CONDITIONS CO		G AL	numo.	ma			71 mule
M	E X B B B B B B B B B B B B B B B B B B	4	19A. DATE OF	OPERATION 198. CO	NDITION FO	R WHICH OPERATION	20 A. AU	TOPSY? (Yes or No)	20B. IF YES, WEI	RE FINDINGS	CONSIDERED
Z	chi Boo Boo the the	ERTIFIC	(1)	WAS PE	RFORMED				IN CERTIFYING	CAUSES OF D	EATH?
5	he by	O	OR CONTRIBU	T WAS UNDERLYING		21 B. PLACE OF INJURY (e.g., nome, form, foctory, street,	in or obout 21 office bldg., IN	C. WHERE DID	(If In Boltin	note City, give	exoct location)
	italital	ICAL	DEATH (notify	medical examiner		etc.)				3.1	
	d b sp tur tur tur tur tur	MEDI	OF INJURY	(Month) (Day) (Year		THE INJURY OCCURRED		F. HOW DID INJU	JRY OCCUR?		
	na cep	-	(APPROX.)			Work Not What Work					
	the the an		22. I certify	that (I) (this haspite	al) attende	d the deceased fram	12-2		9 67 ta	1-10	19 68.
	of of all (h);		that (I) (we)	last saw the deceas	sed alive a	n	19_6	and the	it In (my) (aur) o	pinian deatl	accurred an the date
	ust be assed dent ospit deat must		and haur and 23A. SIGNATUI		ated abave	. (I) (We) (did) (did nat)	view the ba	dy after death.		DATE DATE	CICALED
	de de	1		~ 11	20		ending 🖳	Med.	Staff	23B. DATE	10-68
	rela rela		23 C. PHYSICIAN	solllin ;	11.0	DEGREE PH	23D. ADDRES		Shaff Phys.	1-1	0-68
	ificate y was r 1) An a 3.A. at a d prior		NAME (Ty	Padal	o M	Lin		CHH	1		
	W W W J) A d p d p d p d	244	BURIAL CREA	MATION, 24B. DATE	24C	NAME of CEMETERY	0.9 41	24D. LC	CATION	(City, town, or	county) (Stote)
		F	REMOVAL IS	pecify) 1-12-1	18 1	and Hearta	1 1000	B.	Itimari	Cours	to ma.
	the bod shows: was D.C decease	25 A	. DATE REC'D	BY HEALTH DEPT.	25B. NAM	E OF REGISTRAR	25C. FU	NERAL DIRECTOR	, h		ADDRESS
	This the I show was dece	1		10 1000	10 B	2 Farlieugen	Win	n. Finth	owsbi 2	007 8	estern Elve.
		VS	150-REV. 11 Pd	1 12 1905	6000				Ru	elto:	ml-21231

and the state of THE PRIVATE STREET 1. 101 - W 1 W

VS 150-REV. 1/1/68

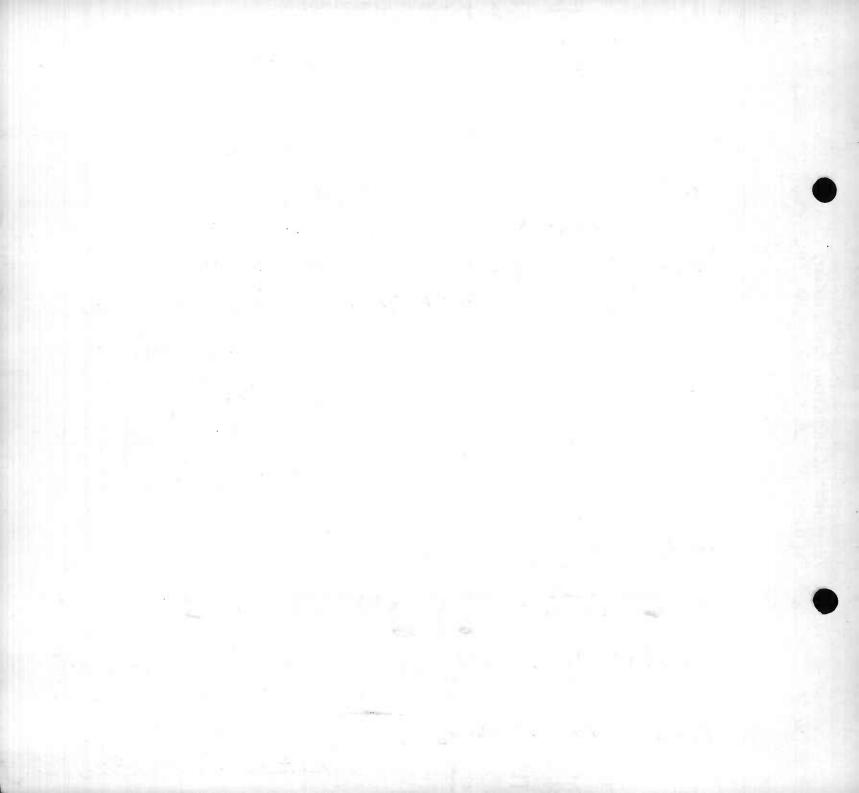




~ 1	68 0356 BALTIMORE CITY	HEALTH DEPARTMENT BEGING 68 0356
2	CERTIFICA	TE OF DEATH REG NO. 00 0000
	BIRTH NO.	2. DATE AND HOUR OF DEATH
0 N	Type or Print)	1-10-68 @ 745
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission)
(5) Dec ance o death.	STEACE IN SACINORS MARIENES, WHERE TROPOGRADE STATE	MARVIAND HARFORD
de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	7777767 67777
	INSTITUTION	C. CITY OR TOWN BENSON D. INSIDE CITY LIMITS? YES NO NO
	JOHNS HOPKINS HOSPITAL	E. STREET AND NUMBER
	JOHNS HUFKINS MUSTIME	1902 HARFORD RD 62-00
5	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min,
Ш	F WIDOWED DIVORCED	3-21-12 55
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
9	House control to the even if retired) Clothing Industry	Maryland U.S.A.
ī	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Charles	CATHERINE WEBER
1	& CARROLL CRESWELL 5. Wos Deceased Ever in U. S. Armed Forces? 1 6. SOCIAL	17. INFORMANT (Husband) 838-5213 ADDRESS
Ċ	Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
	214-01-6942	MILL DETHATE GIVENS BENSON, MANIANY S1018
	18. Z 3 1 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
١	DISEASE OR CONDITION DIRECTLY	B
	LEADING TO DEATH (This does not mean the made of dying, e.g., ONLY TO OR AS	SE Concinema of Overy a consequence of: accinemato sis
	heart failure, asthenia, etc. It means the disease,	Consedence of Sis
1	ANTECEDENT CAUSES (B) DIFF TO OR AS	A CONSEQUENCE OF:
Ш	DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS rise to the above cause (A) stating the	A CONSEQUENCE OF:
ı	UNDERLYING CONDITION last. (C)	
J	- 175.0 II	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OLDISEASE OR CONDITION GIVEN IN PART 1 (A).	
ı		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
l	1 26 67 PERATION WAS PERFORMED WELL WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CENTIFYING CAUSES OF DEATH?
F	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	fice bldg., INJURY OCCUR?
I	U	21F. HOW DID INJURY OCCUR?
	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY	
	(APPROX.) Work At Work	
	22. I certify that (1) (this haspital) attended the deceased fram	11-3-60 19 to 1 10 19 68
	that (I) (we) lost sow the deceased olive an 19	19 68 and that in(my) our) opinion death accurred on the dat
	and haur and fram the causes stated abave. (1) (We) (did) (did not) v	
	23A. SIGNATURE	23 B. DATE SIGNED
		nding Med. Shaff 1/10/68
	DEGREE	23D. ADDRESS
	NAME (Type)	Johns Hopkins Hospital
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRI	
	REMOVAL (Specify)	
	Burial Jan. 13,1968 FAllston Methodis	
J	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR W. Broadway & Bolliams St. Doseph william Foster Bel Air, Marshard 21014
1	JAN 12 1968 Release E. Farberger	Doseph william Foster Bel Air Mangland 21014
Ĭ	V\$ 150-REV. 1/1/6B	Sylviolian tota

JUHNS HUTKINS HESPITHS 1902 HARROLD RD

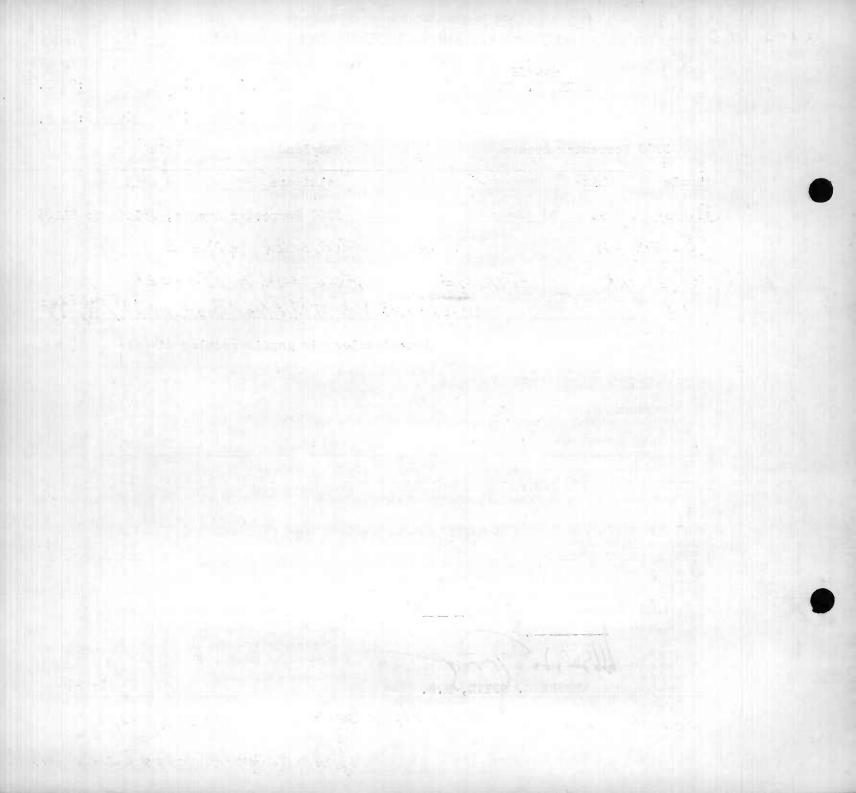
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68 0358 BALTIMORE CITY HEALTH DEPARTMENT

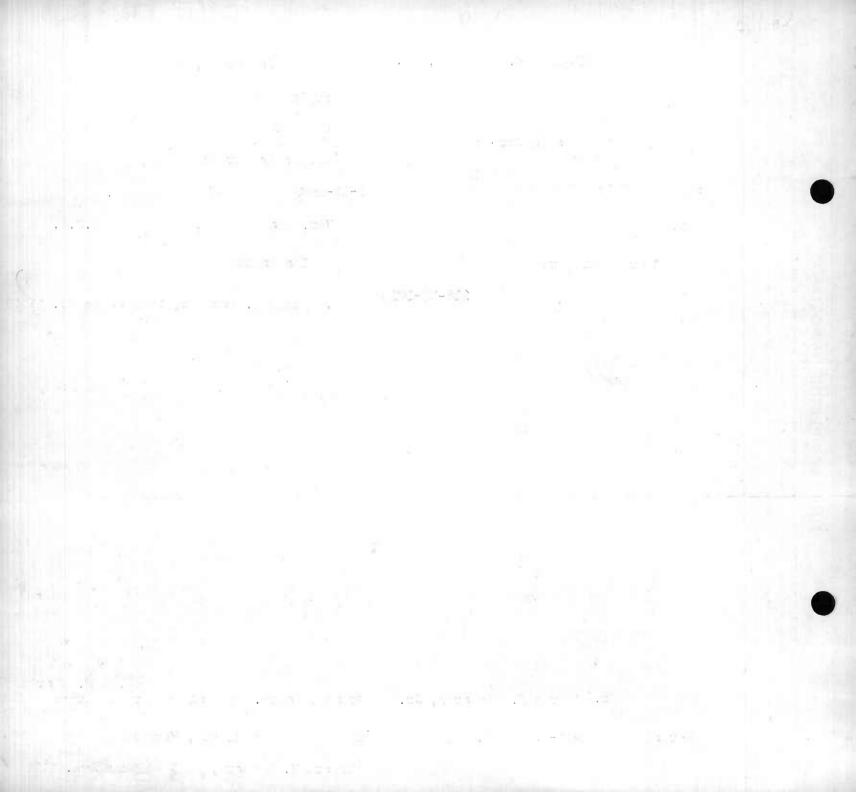
5			UOU	_	MORE CITY HE			DEAT		68	03!	50
BIE	TH NO.	MED	ICA	LEXAM	VILLER 2	LEKIIFI	CATE OF	DEAT	H REG. NO.	00	UO	00
1	NAME OF DEC	EASED 40	UISE			2. DATE	Known X	Month	Doy	Yeor	Hour	
(1y	pe or Print)		_	WINN		OF DEATH	Estimoted 🗌	1	7	68	8:20	P. M.
ll .		TIMORE, MARYLAND, V	VHERE I	PRONOUNCE		3. DATE	UNICED DEAD	Month	Doy	Yeor	Hour	
HC	L NAME OF SPITAL	(IF NOT IN HOSPITA ADDRESS OR LOCA		STITUTION, GIV	/E STREET	PRONO	UNCED DEAD	1	7	68	8:20	P. M
OR	INSTITUTION					5. USUAL R	ESIDENCE (Where	e dece osed liv	ed. If institution B. COUNTY	: residence	before odmi	ssion)
C		Forrester A	venu	е		M	aryland		Balt	imore	0-7	-/1
6.	SEX	7. RACE		RIED NEV	ER MARRIED	C. CITY OF	TOWN		D. INSIDE CI	TY LIMITS?	1	
1	emale	White		WED 🛮	DIVORCED		altimore		YE	s X	NO 🗌	
9.	DATE OF BIRTI	1 10. AGE (In	y) _		r. If Under 24 Hrs. rs Hours Min.	E. STREET	AND NUMBER					
1	ANUARY	18 1886 80	181				900 Forres	ter Av	renue, B	altimo	ore 21	206
11.	BIRTHPLACEAS	tote or foreign country)		12. CITIZEN	OUNTRY?	13. FATHER	SNAME		11			
140	DALTO	PATION (Give kind of work	148 VIA	U	J. H.	VIIS NOTHE	EGERICK	APT	DELL			
don	e during most of w	orking life, even if retired)	AT AT	- //	SS OK INDUSTR	113. MOTHE	K 5 MAIDEN NAT	VIE //	F	,		
16	YOUSE U	ED EVER IN U.S. ARMED	FORCE	HOM.	CIAL	18. INFOR	JUCES/Y,	1400	FNAGE	DDRESS		
(Ye	s, no or unknown)	(If yes, give wor or dotes	of service	e) SE	CURITY NO.	A A A a a	11 11 /1.	12		298	EACHA	UE
	19. 1 1 2			12/2-	CAUSE OF DEA	TH	MINILAR	EGIDA	DATARG	RTA	PPROXIMATE I	NTERVAL
	HIL	171							1 1.		WEEN ONSET	AND DEATH
		E OR CONDITION DIRECT TO BEATH	CTLY				otic cardi	ovascu	llar dis	ease		
	(This does n	ot mean the made of dy	ing, e.g.	,	(A) IMMEDIATE O	CAUSE AS A CONSEC	UENCE OF:					
	injury or con	osthenio, etc. It meons the oplication which coused dea	oth.)									
	10	NTECEDENT CAUSES			(0)							
		OR CONDITIONS, IF ANY	, GIVIN	<u> </u>	DUE TO, OR	AS A CONSE	QUENCE OF:	****				
,	UNDERLYIN	IG CONDITION LAST.	IING IH	Ł	(C)							
CERTIFICATION	1/ 22	1 11			(0)							
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		IFICANT CONDITIONS CO										
Ē	DISEASE OR	CONDITION GIVEN IN PA	ART I (A	.).								
ER.	20 A. DATE OF	OPERATION 208. COI	OITION	I FOR WHICH	OPERATION W	AS PERFORM	MED			21. AUTO	OPSY? (Yes	or No)
11 .	22A. EXTER										No	
0		NAL CAUSE WAS		22B. PLACE home, form, f	OF INJURY (e.g., foctory, street, office	in or obout e bldg., etc.)	22C. WHERE DID ONLY OCCUR?	(If in Boltimo	re City, give exo	ct locotion)		
MED		USE OF DEATH.	1 (1)	\ leas mill	lay a severe				100			
_	OF INJURY	(Month) (Doy) (Yeor	r) (Ho	WHILE AT	JRY OCCURRED	WHILE	22F. HOW DID IN	JURY OCCI	JK?			
	(APPROX.)			m. WORK		VORK						
		ify that I held on I	nquiry	Inspe	ection X Au	topsy 🗌	ond that on th	nis bosis.	deoth in my	opinion		
		ed fram Notural cau							ned manner			
		111	/				CHIEF MEDICAL E					
	ACTUAL	11/4ng)	_	700	7	ASS	STANT MEDICAL E	XAMINER	X		DATE SIG	NED
	SIGNATU	10-01	_	11	M.E		CIATE MEDICAL E	XAMINER			- 0 0	
	NAME (T	ype) WERNER	U.		M.D.						1-8-68	
	A. BURIAL CREA MOVAL (Special			24C. NAN	E of CEMETERY	0 /		LOCATION	(City, town	, or county	(Sto	ote)
	BURIA		968	Mas	1 110 49	KEGEEN	HER	73	ACTO.	My.		
25	A. DATE REC'D	BY HEALTH DEPT.	258.	NAME OF RE	GISTRAR	255.	FUNERAL DIRECTO	OR	A	DDRESS		
	3	AN 12 1968 (المال	no en	Transfer and		Halter (orkel	0,544	4BE	LAIR 1	Rd.
VS	151-REV. 1/1/68		1			1						



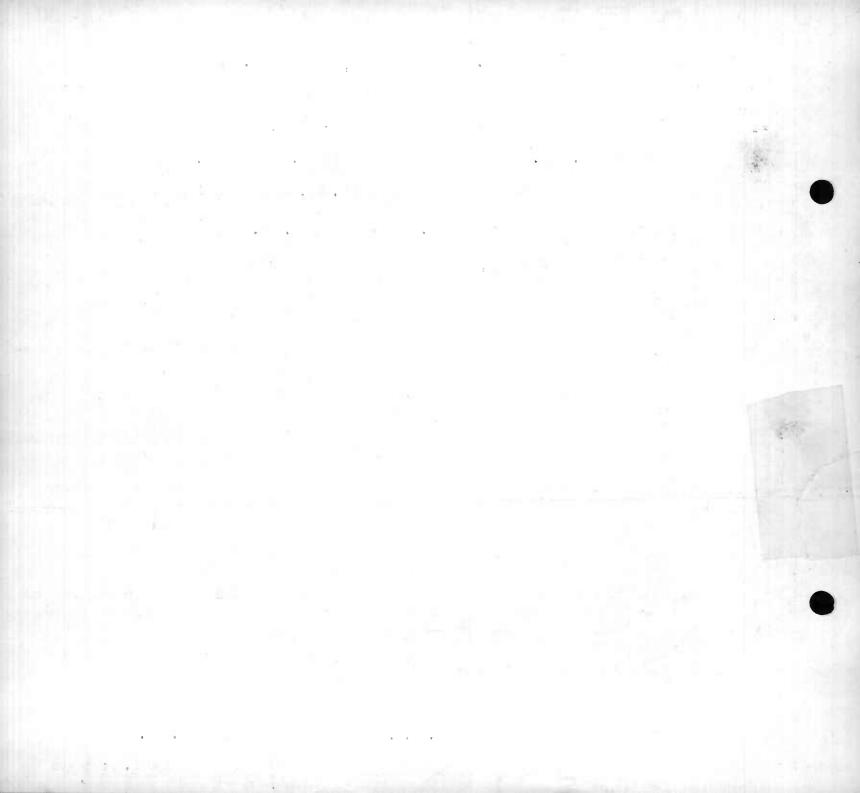
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OLA LITALIA	Di	3 03	CERTIFICA	TE OF DEATH	REG. NO	00 0000				
BIRTH NO.	CEASED				AND HOUR OF DEATH					
Type or Print)	WILLIAM	C. B/	ARBOUR, SR.	Ts	nuary 9, 196	8				
3. PLACE IN BA	LTIMORE, MARYLAND, V			4. USUAL RESIDENCE (W. A. STATE B. CO.	here deceased lived. If i	nstitution; residence before admission)				
					ONIT	703				
FULL NAME OF HOSPITAL OR	F (IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITU ATION)	UTION, GIVE STREET	Maryland	ID +NIC	SIDE CITY LIMITS?				
NOTTUTION					D. 1143	YES X NO				
	2113 Eag1	o Stroot		Baltimore E. STREET AND NUMBER		TES E				
150	ZIIJ Eagi	e bilee								
· SEX	6. RACE	7	M	2113 Eagle	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.				
			NEVER MARRIED		tost birthdoy)	Months Doys Hours Min.				
Male	White	WIDOWED		3-12-1905	62	The street of which southern				
	CUPATION (Give kind of wor of working life, even if retired)	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or f	oreign country)	12. CITIZEN OF WHAT COUNTRY				
Clerk				Virginia		U.S.A.				
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN N	IAME					
0-	area Rawhaiin			Tda Ca	ntrell					
	orge Barbour	10057	1 6. SOCIAL	17. INFORMANT	116 16 11	ADDRESS				
es, no or unknow	(If yes, give wor or dot	es of service)	218-09-3854	IIII GRIMAIII						
			ST0-03-3034	Mrs. Myrtle	M. Barbour.	2113 Eagle St. 212:				
18.148	9 1		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT				
	ASE OR CONDITION D	DECTI Y	α	n /	4	BETWEEN ONSET AND DEAT				
Distr	LEADING TO DEATH		Cornar	ing Occusion 1d.						
	nat mean the made at			A CONSEQUENCE OF:						
	e, asthenia, etc. It means amplication which causes			. 0	11 0					
injury of Co				21/1	H. a.sh	6 ms				
	ANTECEDENT CAUSE		(B) Cara	ma of 1	17/200	cay cst				
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:	1					
	the abave cause (A) NG CONDITION last,	stating the	(c)	· · · · · · · · · · · · · · · · · · ·	******************************					
1:1-	v II				•					
Z OTHER SIGN	IIFICANT CONDITIONS CO	NTRIBUTING	Val	6 16		32				
TO THE DE	ATH BUT NOT RELATED TO	THE TERMINAL	100	y cy V	ma	7,7				
19A. DATE	OF OPERATION 198, COI		WHICH OPERATION	20A. AUTOPSY! (Yes or	No) 20B. IF YES, WERE	FINDINGS CONSIDERED				
		RFORMED	-	has	IN CERTIFYING CA	AUSES OF DEATH?				
19A. DATE O	ENT WAS UNDERLYING	218	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimo	ore City, give exoct location)				
OR CONTRI	BUTING CAUSE OF	hon	ne, form, foctory, street, of	ffice bldg., INJURY OCCUR	,					
	ify medicat examiner)		-/		-					
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED		INJURY OCCUR?					
(APPROX.)		Wh	ile At Not While							
20 1				3/11/23	10 /	17 1968				
22. I certif	fy that (I) (this hospite	ol) oftended t	he deceased from	7/2/6)	19ta/.					
that (I) (we	e) last saw the deceas	ed alive on	117	19and	that in (my) (our) ap	inian deoth occurred an the do				
ond hour o	nd from the couses sto	ated obave.	1) (We) (did) (did not) v	view the body ofter deot	h.					
23A. SIGNAT		1		/	The second	23B. DATE SIGNED				
So	5 6 XP	. 0		anding Med.	Staff D	1/9/68.				
23C. PHYSIC	14100	and of	DEGREE Phy	s. Director L	Phys.					
NAME	(Type)//	_ / /				6701 N. Charle				
	Dr. Georg	e J. Ric	chards, Jr. begree	Greater Balto	. Medical Ce	nter Street				
4A. BURIAL CE	REMATION, 248. DATE	24C. N	AME of CEMETERY OF CR	EMATORY 24D	LOCATION (City, town, or county) (Stote)				
Burial		8 Mt	. Olivet Cemet	erv	Baltimore, Ma	arvland				
	D BY HEALTH DEPT.		OF REGISTRAR	2SC. FUNERAL DIREC		ADDRESS				

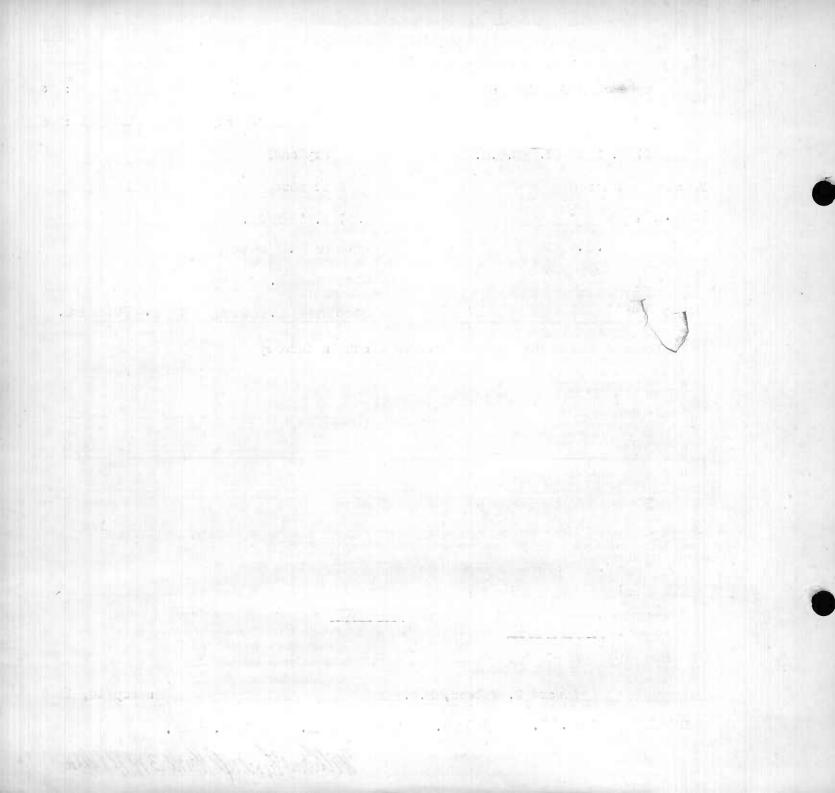
Howard H. Hubbard,

4107 Wilkens Ave. 21229

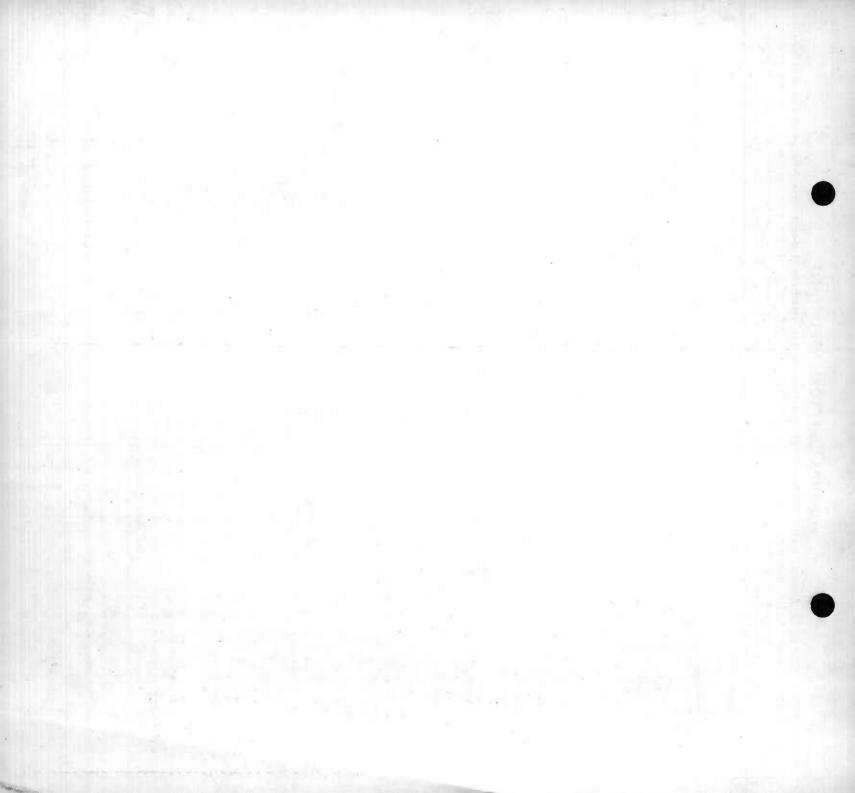


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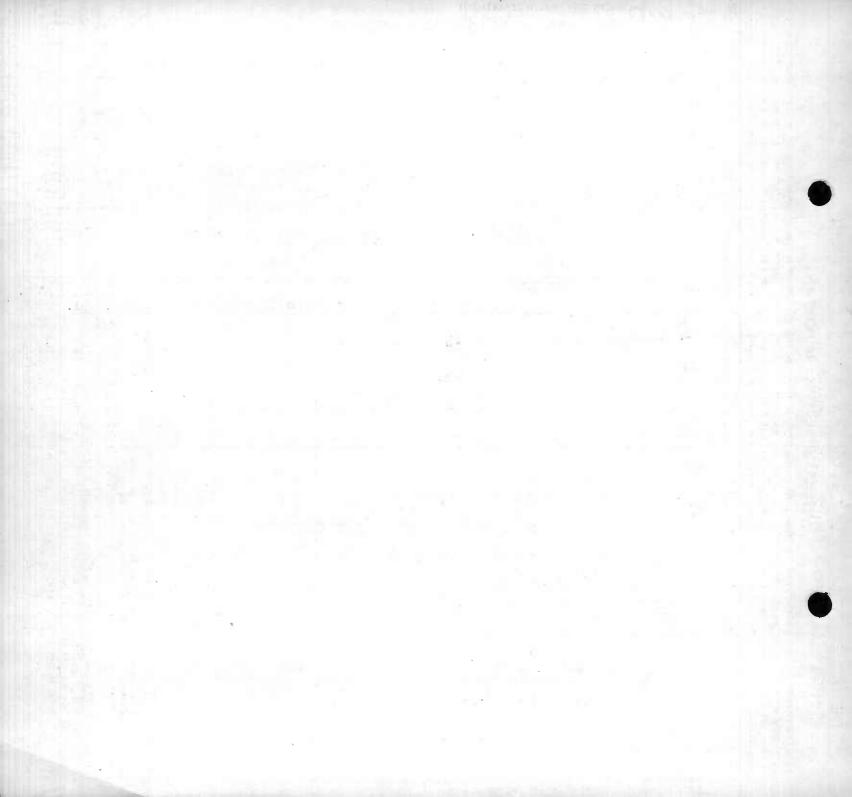




10	5-520 68	000	BALTIMORE CITY	HEALTH DEPARTMENT		60 U362
First	08	0362	CERTIFICA	TE OF DEATH	REG. NO	
	TH NO.		CERTIFICA			
	ame OF DECEASED De or Print) MARY	1			HOUR OF DEATH	
		JONE			JAN. 1968	
3. F	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONO!	UNCED DEAD	A. STATE B. COUNT		nstitution: residence before admis-
FILL	LL NAME OF (IF NOT IN HOSPITA	AL OR INSTITU	UTION. GIVE STREET	MARYLAND	Name of Street	(1,4,6)
HO	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION	(NOIL)	onon, or to street	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
1143				BALTIMORE		YES NO
7	SOUTH BALTIMERE (CENERAL	L HOSPITAL	E. STREET AND NUMBER		
2		, .,		224 KEY	AVE	50 -00
5. S	EX 6. RACE	7. MADDIED	NEVER MARRIED	B. DATE OF BIRTH 9	. AGE (In years	If Under 1 Yr., If Under 24
	F N.	WIDOWED		6 JAN 1900"	ost birthdoy	Months Doys Hours M
104	USUAL OCCUPATION (Give kind of work				in country)	12. CITIZEN OF WHAT COU
	during most of working life, even if retired)	NO. KIND OF	bosiness or moosin			
				VIRGINIA		USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	E	
	GILBERT CROSB	Υ		BETTY JON	183	
15. \	Was Deceased Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes	, no or unknown) (If yes, give wor or dote		SECURITY NO.	HENDERSON TORK	DENCE	
(1	NKNPWII		216-18-8377		7	
	1B. 85 X I		CAUSE OF DEAT	Н		BETWEEN ONSET AND I
	DISEASE OR CONDITION DI	RECTLY		Q.		3 0A X 5
	LEADING TO DEATH		(A) IMMEDIATE CAL	USE DRONCHE FNEUMONIA 504		
	(This does not mean the mode of heart failure, asthenia, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:		
	injury or complication which coused					
	ANTECEDENT CAUSES					
	DISEASES OR CONDITIONS, if	anv aivina	DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the above cause (A)					
	UNDERLYING CONDITION losi.		(c)			
	49/X II		P. H. L.			
O	OTHER SIGNIFICANT CONDITIONS CO					
AT	DISEASE OR CONDITION GIVEN IN PAR	T 1 (A).				
IFIC	19A. DATE OF OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
ERT	0 -			100	45 . 5	Cn. ()
U	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	J 21B	ne, form, foctory, street, o	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exoct location)
CAL	DEATH (notify medical examiner)	etc.)			
_	21 D. TIME (Month) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
X	(A PPROX.)	Wh	ile At Not Whi			
		Wo			100	55 am Class 10 /
	22. I certify that () (this hospital) attended t			9 68 70 9	
	that (1) (we) lost saw the decease	d alive on	JJAN	19ond the	t in (pr) (our) op	inion deoth occurred on the
	and haur and fram the causes sto	red above.	1)(#6) (#d) (did not)	view the body ofter death.		
	23A. SIGNATURE	1		, , , , , , , , , , , , , , , , , , , ,		23B, DATE SIGNED
	& Ditt	1 11	IAD AH	ending Med.	Staff	11.10
	The I Tille	Ney!	DEGREE Phy	ys. Director L	Phys.	6 Jan 6 8
	23C. PHYSICIAN'S NAME (Type)	1	- M D	23D. ADDRESS	(
	IRA L. FE	TTERY	40FF 11.0.	Jo. DALTO.	GEN. HO	SP,
24/	A. BURIAL CREMATION, 248. DATE	24C. N	AME of CEMETERY OF CR	REMATORY 24D. LC	CATION (C	City, town, or county) (St
1	REMOVAL (Specily)	10 h	nt 13 1.	01 /18	1160	47
U	Quinal 1/13/	08 11	va canere	vat N	all cu	AODRESS
254	A. DATE REC'D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	1/08 24	AODRESS
1		The same of the same	Co. and	10 10	in	
	JAN 1 8 1300 OPPER	C, 10		DA Birin 1	for m	meglinery.
/S	JAN 1 2 1300 Upber	2,40		DABioun 1	Y Son m	meglinery.



BALTIMORE CITY HEALTH DEPARTMENT

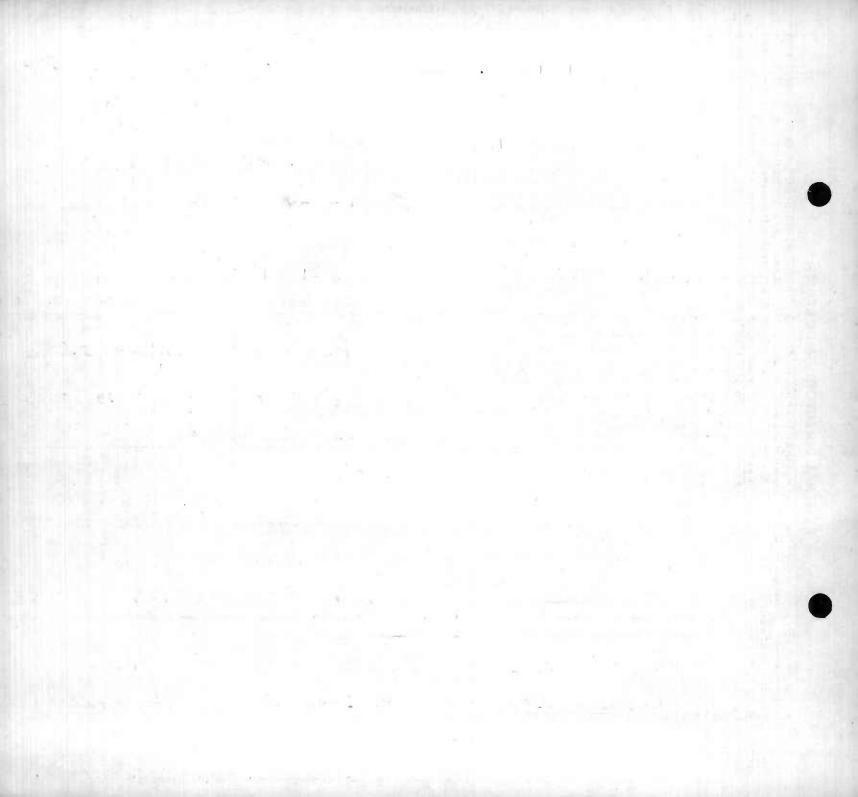


FUNERAL DIRECTOR: IMPORTANT

A.E. CASE NO.	68	13564 CERTIFICA	TE OF DEATH	Registered Na.	
		0002			
.NAME OF DE Type of Print)	CEASED			HOUR OF DEATH	
	JOH		January	9, 1968	
. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where d	eceosed lived. If in	stitution; residence before admi
FILL NAME	05 ///	Control of the Control	Maryland		
HOSPITAL OF		or institution, give street		city limits write	RURAL ond give township)
INSTITUTION				,,	1100
			Baltimore D. STREET ADDRESS (If ruro	, give location)	
462	Tubman Cou	rt		, 8.10 10 20 110 111	
4.84	le sa se			ourt	
- SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	lost	AGE (In years birthday)	Months Doys Hours N
M	C	M	1/20/00	67	
		10B, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF
- 1	of working life, even if retired)		North Carolina		WHAT COUNTRY?
Cook	A A A P				UBA
3. FATHER'S NA	AVVE	?	14. MOTHER'S MAIDEN NAME		
		?			?
5. Was Decease	d Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT		ADDRESS
res, no or unknov	vnl (II yes, give wor or date		-A	Jun Came	TO THE REAL PROPERTY.
		214-16-9282	M's Lillian Bo	dy, Same	
18. 4/3	9 1	CAUSE C	The DEATH Christie East	200	INTERVAL BETWEEN
	ASE OR CONDITION DIR	RECTLY DE S	D. 1 0 0		ONSET AND DEAT
	LEADING TO DEATH	116 = 1	Tunchervier Ex	Min Vare	the Sim.
(This does	not meon the mode of	dying, e DUE TO	VVVVVV V		
	, aslhenio, elc. It meons	. 1		2	
injury or co	implication which caused	dying, et al. Due to death.)	al Chris		
_	ANTECEDENT CAUSES	[TB]			
		DUE TO			
DISEASES	OR CONDITIONS, if	51			
rise to t	he obove cause (A)	any, giving 1 2 5		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
rise to t		any, giving 1 2 5			
rise to the UNDERLYIN	he obove cause (A)	any, giving 1 2 5			
underlyin	the obove cause (A) NG CONDITION last.	any, stoling the CONTRIBUTING			
underlyin	the obove cause (A) NG CONDITION last.	Soling the			
UNDERLYIN UNDERLYIN OTHER SIGN TO THE DISEASE O	the obove cause (A) NG CONDITION last. (A) NIFICANT CONDITIONS CO DEATH BUT NOT RELA R CONDITION CAUSING I OF OPERATION [198, CON	ONTRIBUTING STATE TO THE TENTON TO THE TENTON FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or Noil 2	OB, 1F YES, WERE	FINDINGS CONSIDERED
UNDERLYIN UNDERLYIN OTHER SIGN TO THE DISEASE O	the obove cause (A) NG CONDITION last.	ONTRIBUTING STATE TO THE TENTON TO THE TENTON FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or Noil 2		FINDINGS CONSIDERED
other signature of the posterior of the	the obove cause (A) NG CONDITION last. I I I I I I I I I I I I I I I I I I I	ONTRIBUTING TO THE T. T. DITION FOR WHICH OPERATION FORMED	20 A. AUTOPSY? (Yes or Not 2)	OB. IF YES, WERE N CERTIFYING CA	FINDINGS CONSIDERED
or there sign to the disease of the	the obove cause (A) NG CONDITION last. I I I I I I I I I I I I I I I I I I I	CONTRIBUTING STORMED 218, PLACE OF INJURY (e.g., home, form, foctory, street, contribution)	20 A. AUTOPSY? (Yes or Not 2 III	OB. IF YES, WERE N CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
nise to 1 UNDERLYIN OTHER SIGN TO THE DISEASE O 19A. DATE O 21A. ACCID OR CONTRI DEATH (notice)	the obove cause (A) NG CONDITION last. INITIONS CONDITIONS CODEATH BUT NOT RELA RECONDITION CAUSING I OF OPERATION 198. CON WAS PERI ENT WAS UNDERLYING BUTING CAUSE OF fy medicol exomine)	ONTRIBUTING IT. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	20 A. AUTOPSY? (Yes or Not 2 III) In or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?	OB. IF YES, WERE N CERTIFYING CA flf in Boltimore	FINDINGS CONSIDERED USES OF DEATH?
or contribution of the con	the obove cause (A) NG CONDITION last. I I I I I I I I I I I I I I I I I I I	ONTRIBUTING IT. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	20 A. AUTOPSY? (Yes or Not 2 III	OB. IF YES, WERE N CERTIFYING CA flf in Boltimore	FINDINGS CONSIDERED USES OF DEATH?
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or contribution of injury (APPROX.)	the obove cause (A) NG CONDITION last. I I I I I I I I I I I I I I I I I I I	ONTRIBUTING TIED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At Not Whith At Work (a) attended the deceased fram	20A. AUTOPSY? (Yes or No! 2 III) In or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY	OB. IF YES, WERE N CERTIFYING CA flf in Boltimore OCCUR?	FINDINGS CONSIDERED USES OF DEATH? City, give exact location!
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ond haur a	the obove cause (A) NG CONDITION last. NIFICANT CONDITIONS CONDEATH BUT NOT RELA RECONDITION CAUSING I OF OPERATION 198. CON WAS PERI ENT WAS UNDERLYING BUTING CAUSE OF fy medicol exominer) (Month) (Doyl fYeor) Ty that (I) (this hospital s) lost saw the decease nd fram the causes state	ONTRIBUTING TITLED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At Not Whith At Work (I) attended the deceased fram and olive on ted abave. (I) (Not Little) (did not)	20 A. AUTOPSY? (Yes or Not 2 III) In or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21 F. HOW DID INJURY 19 and that if the wiew the bady after death.	OB. IF YES, WERE N CERTIFYING CA fif in Boltimore f OCCUR?	FINDINGS CONSIDERED USES OF DEATH? City, give exact location!
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NOUTHER SIGN TO THE SIGN TO THE DISEASE OF 19A. DATE OF 19A. DATE OF 1NJURY (APPROX.) 21A. ACCID OR CONTRIBUTED DISEASE OF 1NJURY (APPROX.) 22. I certification that (1) (APPROX.) 23A. 8IGN AT 25A.	the obove cause (A) NG CONDITION last. II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I OF OPERATION 198. CON WAS PERI ENT WAS UNDERLYING ENT WAS UNDERLYING (Month) (Doyl (Yeor) Ty that (I) (this hospital BY that (I) (this hospital BY TOWN AND THE CON TY TOWN AND THE	CONTRIBUTING TITLE TO THE TITLE	20 A. AUTOPSY? (Yes or Not 2) In or obout 21 C. WHERE DID (ffice bidg., INJURY OCCUR? 21 F. HOW DID INJURY 19 25 and that if wiew the bady after death. ending Med. Sto Phy 23 D. ADDRESS AMED. FALL (#	OB. IF YES, WEREN CERTIFYING CA flf in Boltimore OCCUR? ta	FINDINGS CONSIDERED USES OF DEATH? City, give exoct location! 19 Continuous death occurred an the location of the location o
NOTHER SIGN TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DEATH (noting the term) on the term of	the obove cause (A) NG CONDITION last. II NIFICANT CONDITIONS CO DEATH BUT NOT RELA OF OPERATION 198. CON ENT WAS UNDERLYING ENT WAS UNDERLYING (Month) (Doyl (Yeot) Ty that (I) (this hospital Ty that (I) (this hospital	ONTRIBUTING TITLED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work (I) attended the deceased fram and olive on the deceased fram the deceased fr	20 A. AUTOPSY? (Yes or Not 2) In or obout 21 C. WHERE DID (ffice bidg., INJURY OCCUR? 21 F. HOW DID INJURY 19 25 and that if wiew the bady after death. ending Med. Sto Phy 23 D. ADDRESS AMED. FALL (#	OB. IF YES, WEREN CERTIFYING CA flf in Boltimore OCCUR? ta	FINDINGS CONSIDERED USES OF DEATH? City, give exoct location! 19 Continuous death occurred an the location of the location o
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NOTHER SIGN TO THE DISEASE OF INJURY (APPROX.) 21A. ACCID OR CONTRIBUTED OF INJURY (APPROX.) 22. I certifithot (1) (APPROX.) 23C. PHYSIC NAME (APPROX.)	the obove cause (A) NG CONDITION last. II NIFICANT CONDITIONS CO DEATH BUT NOT RELA OF OPERATION 198. CON ENT WAS UNDERLYING ENT WAS UNDERLYING (Month) (Doyl (Yeot) Ty that (I) (this hospital Ty that (I) (this hospital	ONTRIBUTING TITED TO THE T. DITION FOR WHICH OPERATION PORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work At Wor	20 A. AUTOPSY? (Yes or Nol 2 III) In or obout 21 C. WHERE DID (ffice bidg., INJURY OCCUR? 21 F. HOW DID INJURY 19 and that if view the bady after death. 23 D. ADDRESS AMed. Sto Phy 24 D. LOC	OB. IF YES, WEREN CERTIFYING CA flf in Boltimore OCCUR? ta	FINDINGS CONSIDERED USES OF DEATH? City, give exact location! 19 nion death occurred an the 23B, DATE SIGNED U Jan 68 Ity, lown, or county) (S1
TISE TO THE SIGN TO THER SIGN TO THE DISEASE OF THE	the obove cause (A) NG CONDITION last. II NIFICANT CONDITIONS CO DEATH BUT NOT RELA OF OPERATION 198. CON ENT WAS UNDERLYING ENT WAS UNDERLYING (Month) (Doyl (Yeot) Ty that (I) (this hospital Ty that (I) (this hospital	ONTRIBUTING TITED TO THE T. DITION FOR WHICH OPERATION PORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work At Wor	20 A. AUTOPSY? (Yes or Not 2) In or obout 21 C. WHERE DID (ffice bidg., INJURY OCCUR? 21 F. HOW DID INJURY 19 25 and that if wiew the bady after death. ending Med. Sto Phy 23 D. ADDRESS AMED. FALL (#	OB. IF YES, WERE N CERTIFYING CA III in Boltimore OCCUR? Toccur? Toccur? Toccur? A County	FINDINGS CONSIDERED USES OF DEATH? City, give exact location 19 Continuous death occurred an the location death occurred and



8-520 CO DOCE	BALTIMORE CITY	HEALTH DEPARTMENT		68 0365
68 6363	CERTIFICA	TE OF DEATH	REG. NO.	00 000
I, NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print) WILLIAM O. B	ANKS.		9-68	13:05 PN
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		4. USUAL RESIDENCE (Where A. STATE B. COUN		titution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTIO	N, GIVE STREET	MARYLAND	BALTIMOR	ECITY 0.02
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		C. CITY OR TOWN		E CITY LIMITS?
33 JOHNS HOPKINS HOSPITAL		BALRIMORE E. STREET AND NUMBER		YES X NO
		1025 W. Lexi	ington St.	
S. SEX 6. RACE 7. MARRIED XX	NEVER MARRIED	B. DATE OF BIRTH	O. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Days Hours Min.
MALE NEGRO WIDOWED	DIVORCED _			
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUILdone during most of working life, even if retired)	SINESS OR INDUSTRY	11. BIRTHPLACE of foreign	gn cou:	12. CITIZEN OF WHAT COUNTRY
		Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
CHARLES BANKS		ANNIE WILS	ON	
S. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		Tini Banks I	1025 W. Le	xington St.
1B. 5-19.0	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		0	7	- 0
	(A) IMMEDIATE CAU	USE PULMONARY	INSUFFICE	and 5 day
(This does not meon the mode of dying, e.g., heart failure, osthenio, etc. II meons the diseose,	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which caused death.)				
ANTECEDENT CAUSES	(B) Chron	in Obstruction	e die	15-20 me
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
tise to the obove couse (A) stating the UNDERLYING CONDITION lost.	(c) ? CHA	OMATE EXP	SURE	
- 527.2 II				
Z	? SEP	e i e		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
198. CONDITION FOR WHITE	CH OPERATION	20A. AUTOPSY? (Yes or No)		NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLA	CE OF INJURY (e.g., i	n or obout 21C. WHERE DID	NO	City, give exoct location)
OR CONTRIBUTING CAUSE OF home, f	orm, foctory, street, of	ffice bldg., INJURY OCCUR?	(ii iii baiiiiiole	City, give exect leconomy
<u>U</u>	JURY OCCURRED	21F. HOW DID INJU	INV OCCUP?	
OF INJURY (APPROX.) While A	Not While	e C	JRT OCCUR:	
VV of R	At Work			
22. I certify that (I) (this hespital) attended the a			9 68 to 1-	19 68
that (1) (we) l ast saw the deceased alive an	1-9	19 6 X and the	at in(my) (aur) apin	ian death accurred an the dat
and haur and fram the causes stated above. (1) (4	(did) (did not) v	view the bady after death.		
23A. SIGNATURE	A440	anding C Mad C		23B. DATE SIGNED
Mayor Dodolan MI	DEGREE Phy	s. Director	Staff Phys.	1-9-61
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	. ,	
MAJOR W, BRADSH	AW M.D.	JOHNS HOP	KINS HU	PSPITAL
REMOVAL (Specify)	of CEMETERY of CRI		OCATION (City	
Burial 1/15/68 MT.	Calvery	Arı	nold, Mary	land
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	EGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JAN 12 1968 Robert E. Fark	ev M.A	Charles A.	Rice 661	W. Barre St.
10 100 001/ 1/1//0				



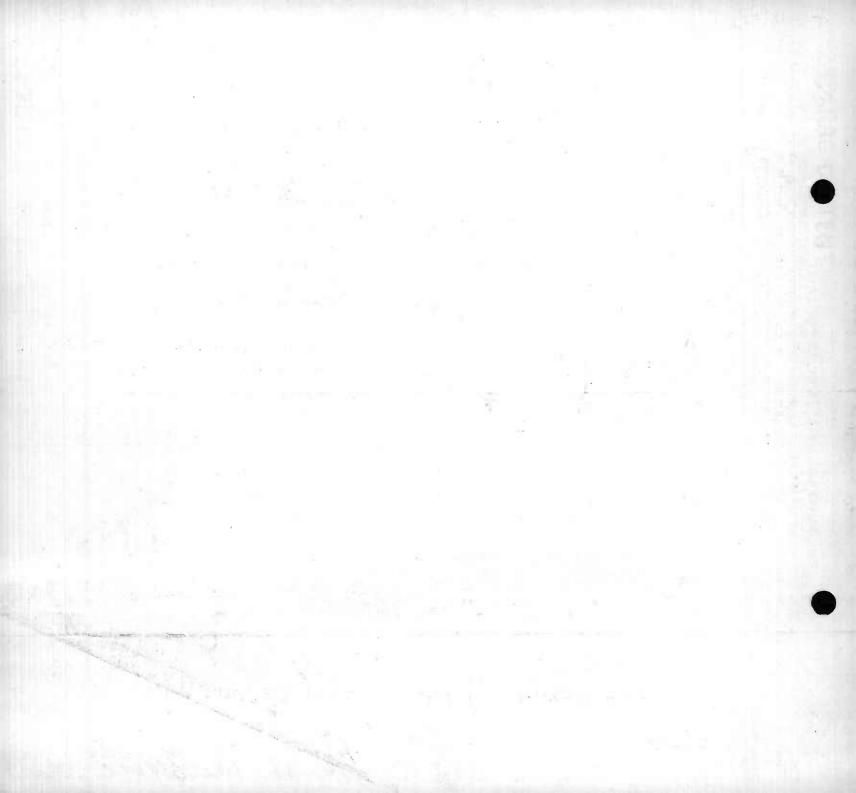
FUNERAL DIRECTOR: IMPORTANT

B-500		HEALTH DEPARTMENT	1/	68 0366
ыктн NO. 68 (366 CERTIFICA	TE OF DEATH	Registered No.	68 0366
M.E. CASE NO. 1. NAME OF DECEASED			ID HOUR OF DEATH	
Type or Print			1-68	1120
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	h			nstitution; residence before admission)
		A. STATE B. COUN	TY A	manighton, regreence belong contraction
FULL NAME OF (If not in haspital or institution) INSTITUTION	tulian, give street	Maryland C. CITY OR TOWN (If au	al vert ()	RURAL and give township)
		D+D	m. h.l.:	54-00
Ohincoln Memorial Nu	rsug Home	D. STREET ADDRESS (If	rerol, give location)	
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	Midowed specify	6-2-1871	97	
OA. USUAL OCCUPATION (Give kind of work 10B. K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fore	gn country)	12. CITIZEN OF
done during most of working life, even if retired)		Maryle	and	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Miknows		linker	A-1.5	
S. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (II yes, give war ar dates of se	SECURITY NO.		11 2	.7 N. Carey St.
	215-54-5018	<u> </u>	Home.	Baltimore, Uld.
18.250.9	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		rebral Throm		ONSE! AND DEATH
LEADING TO DEATH				
(This does not mean the mode of dying				
heart failure, asthenia, etc. 11 means the di injury or complication which caused death.				
ANTECEDENT CAUSES				
	DUE TO			
DISEASES OR CONDITIONS, if any, rise to the above cause (A) statin				
UNDERLYING CONDITION last.	4	**************************************		
_ 260X II				
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
U 19A. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes at No	208. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORME	D		IN CERTIFYING CA	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID	(If in Boltimo	re City, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, factory, street, o	office bldg., INJURY OCCUR?		
O ,				
OF INJURY (Month) (Doy) (Year) (Hou		21F, HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not Whi	le 🗀		
20 1 1/1 1/1 1/1 1/1				pm
22. I certify that (I) (this hospital) atte			19 67 to 2 am	mary 7 19 68
that (I) (we) lost saw the deceased aliv	10 on January 6	19 68 ond th	ot in (my) (our) op	inlon deoth occurred on the do
ond haur and from the couses stated ob	ove. (I) (We) (did) (dld not)	view the body ofter death.		
23A. SIGNATURE	· (A)			23B. DATE SIGNED
- 1	M.D. AH	ending Med.	Stoff	
Sinh	e mx Ph	s. Director	Phys.	1-7-68
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		1 0
	EUNALINE M.D.	2517 XE	INISON AN	1092T and
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CE	EMATORY 210. L	OCATION (C	City, town, or county) (slote)
REMOVAL (Specify)	B. b.	1 10	1. A On	tu mil
Juna 11168		capell (a	aueus of	my, 01101.
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C FUNERAL DIRECTOR	and -	ADDRESS SA
JAN 12 1968 07 P. 5 E.	Starbey Mill	- telules	allice	661 W Daras
V\$ 150-REV. 1/1/65				0.000

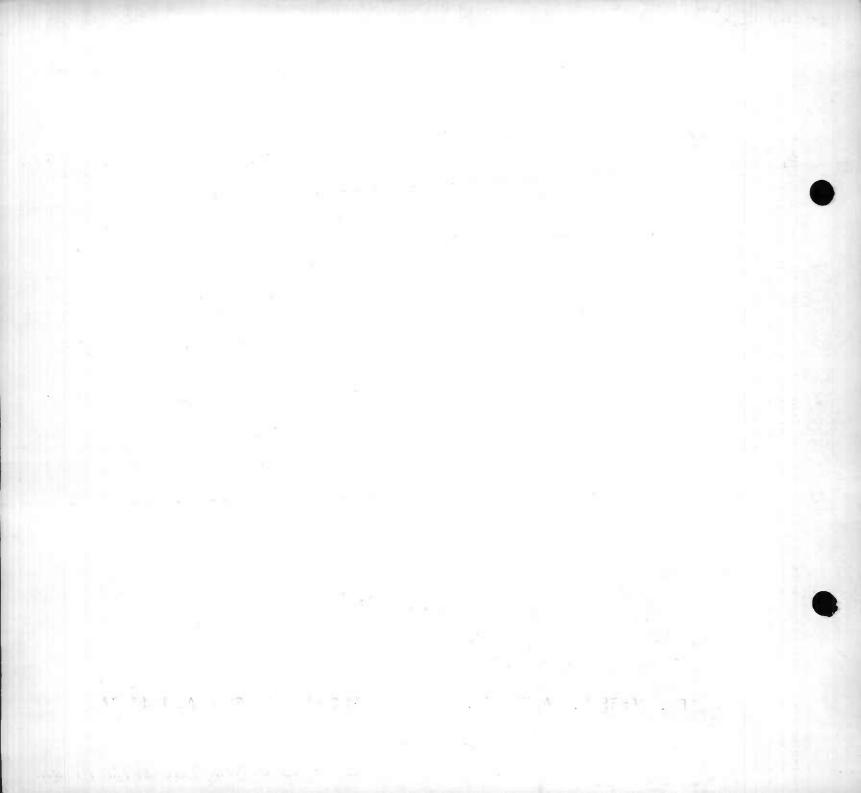
July many of the same

55.7 Tenness My John John

VS 150-REV. 1/1/6B



VS 150-REV. 1/1/6B



IMPORTANT

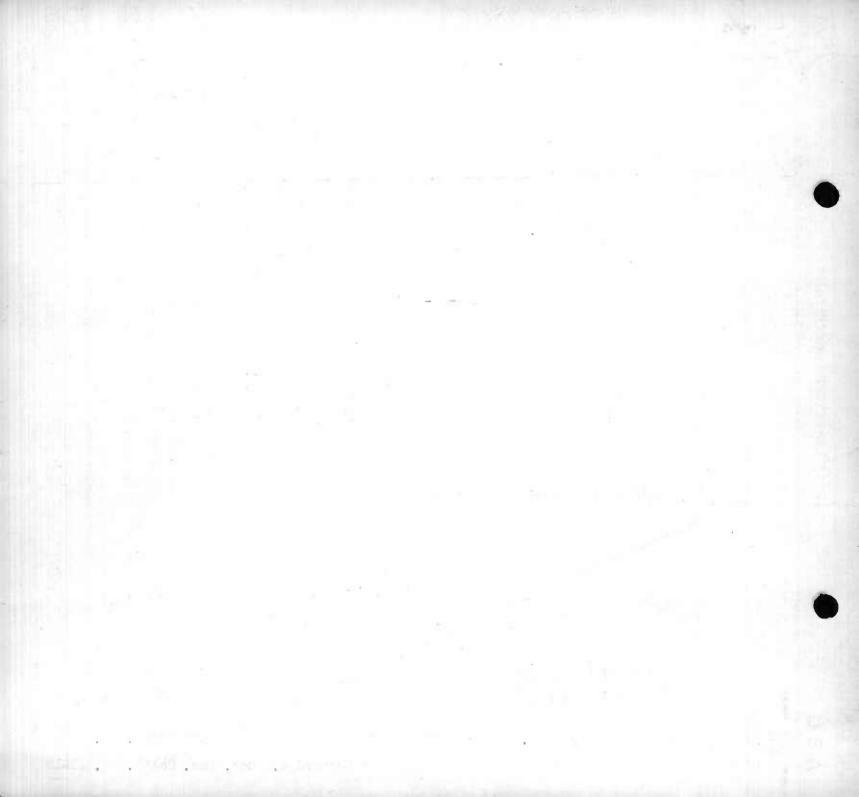
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (aur) apinian death accurred an the date 238 DATE SIGNED (City, town, ar caunty) Baltimore, Md. ADDRESS Leonard J. Ruck, Inc. Balto. Md. 21214 VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO X

ADDRESS

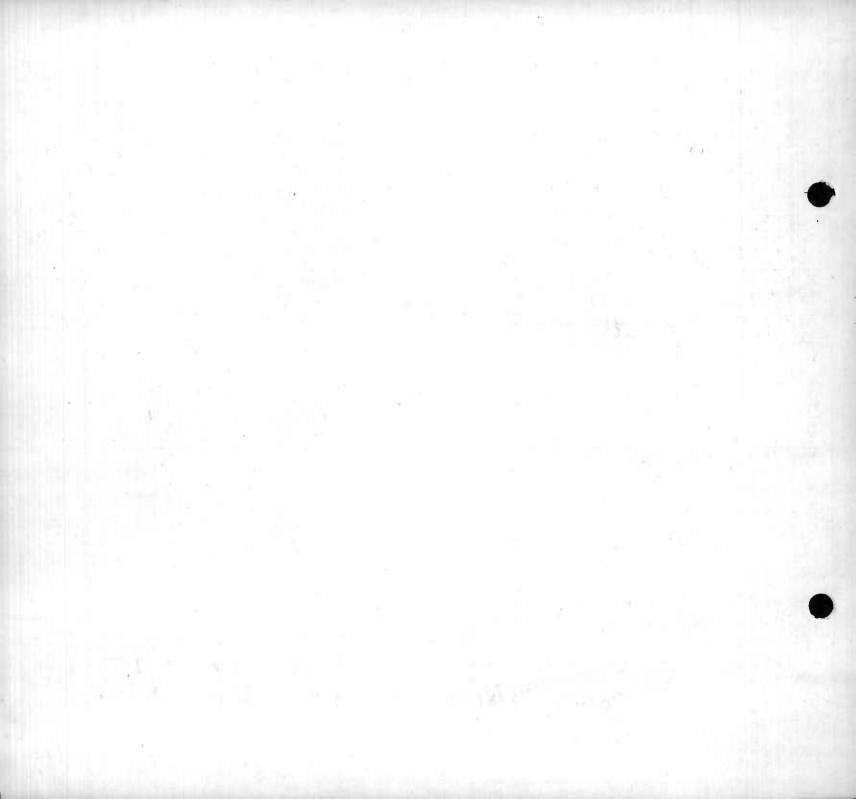
If Under 24 Hrs. Hours Min.



VS 150-REV. 1/1/68

U 171(W 1.79) TO BE LEVEL TO THE RESIDENCE OF SERVICE TO THE LEVEL OF SERVICE SERVICE. Termine Survey Representation THE REPORT OF THE PARTY OF THE





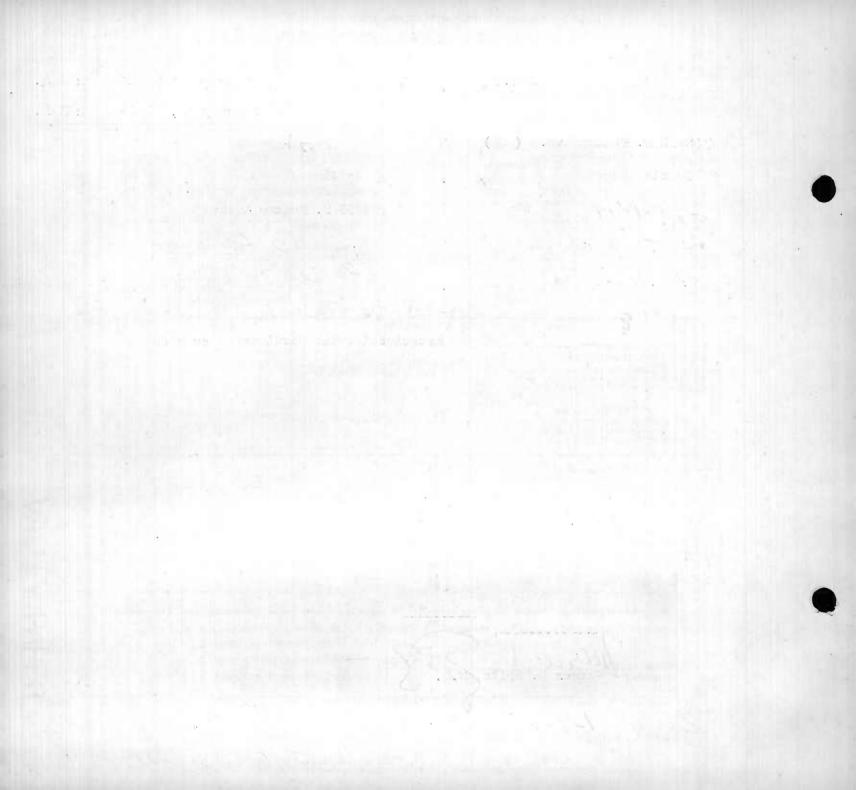
68 0373

C-400

VS 151-REV. 1/1/68

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.	REG. NO	
NAME OF DECEASED	2. DATE Knawn 🗵 Manth Day	Year Haur
Type or Print) ANN REBECCA COLE	OF Estimoted January 5,	1968 1:12 A. _{M.}
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) DR INSTITUTION		.968 1:12 A. _{M.}
0 1653 N. Fulton Ave. (DOA)	5. USUAL RESIDENCE (Where deceased lived, Il institution A. STATE Maryland B. COUNTY	n: residence belare admission)
5. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	TY LIMITS?
Female Negro widowed M Divorced		ES NO
7-25-1899 10. AGE (In years of Under 1 Yr. If Under 24 Hrs Months of Doys Hours of Min.	E. STREET AND NUMBER 1653 N. Fulton Avenue	
1. BIR HPLACE (Stote or foreign courty) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Brown	
4A.USUAL OCCUPATION (Give kind of wark] 14B. KIND OF BUSINESS OR INDUSTR one dyring most of working life, even it eyered)	RY 15 MOTHER'S MAIDEN NAME	
Hause Wife	Clack Milling	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no ar unknown) (If yes, give war ar dates of service) 17. SOCIAL SECURITY NO.		3803 Redgess
19. CAUSE OF DE	We have the total	APPROXIMATE INTERVAL
64 / 65 -7	osclerotic Cardiovascular Disea	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Seletotic Gardiovascular Dises	386
LEADING TO DEATH (A) IMMEDIATE (This does not mean the mode of dying, e.g.,		
heart lailure, asthenia, etc. It means the disease, injury or complication which coused death.)	R AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES (B)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	WAS DEDECORATED	121 AUXODEVO (Ver es Ne)
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED	21. AUTOPSY? (Yes or No)
		No
	., in or about 22C. WHERE DID (If in Boltimare City, give excite bldg., etc.) INJURY OCCUR?	act lacotian)
UNDERLYING OR CONTRIB-		
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	DT WHILE [
23. m. WORK AT	WORK	
I certify that I held on Inquiry Inspection A	utopsy and that on this basis, deoth In my	opinion
resulted from: Natural causes X Accident Suici	ide Homicide Undetermined monner	
ACTUAL 1184 . 1 Sa T		DATE SIGNED
SIGNATURE / M.	D. ASSISTANT MEDICAL EXAMINER X	
EXAMINER'S Werner U. Spitz M.D.	ASSOCIATE MEDICAL EXAMINER	1-5:68
NAME (Type)	V CONTACTOR AND	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	Y or CREMATORY 24D. LOCATION (City, town	n, ar caunty) (State)
Burial 1-9-68 Mt. (W	hum Daltemen	e mis.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	259 FUNERAL DIRECTOR	ADDRESS
4 40 4	1/10/10/11/11/11/11	1446 ULI 121 12
12 1 2 1000 D 1 Q 450 Double	wenger & sully	7/2/11/Nou



Mt. Auburn Cemetery 25C. FUNERAL DIRECTOR

25B. NAME OF REGISTRAR

Baltimore, Maryland

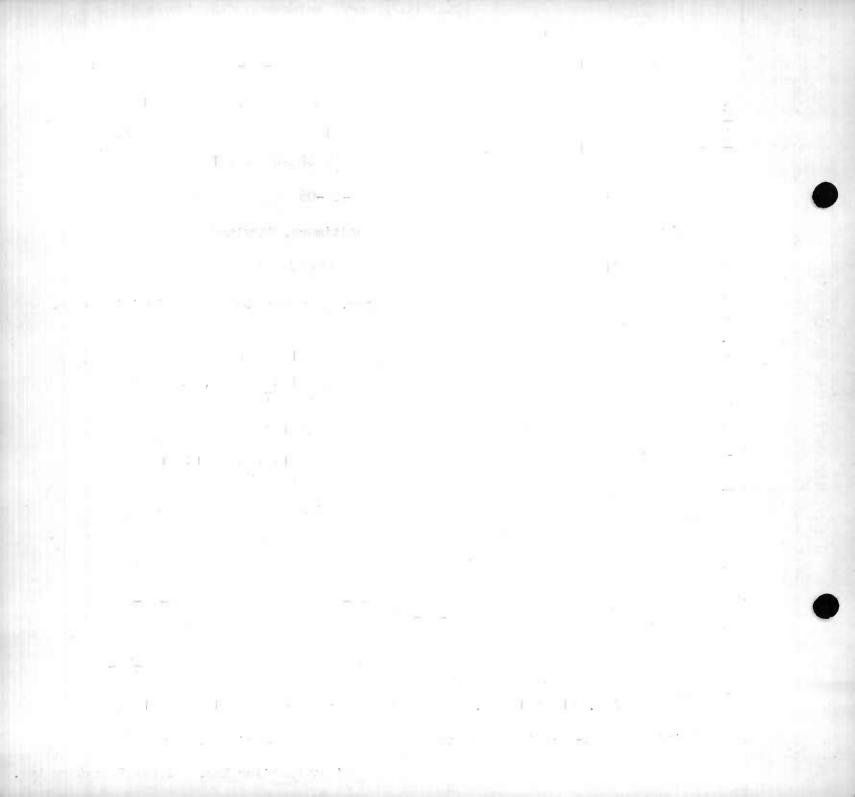
Arlington S. Phillips 1727 N. Monroe St.

VS 151-REV. 1/1/6B

25A. DATE REC'D BY HEALTH DEPT.

Letter from M.E.'s office 1-29-68 M.H.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD HULL NAME OF ADDRESS OR LOCATION) HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND CITY OF BALTIMORE C.CITY OR TOWN BALTIMORE E. STREET AND NUMBER 2007 SPARKS COURT S. SEX MALE WHITE WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED ADDRESS OR LOCATION (GIVE kind of workling) Retired 13. FATHER'S NAME JOSEPH BIGHAM 15. Was Decessed Ever in U. S. Amod Forces? (Tes, no or unknown) [If yes, give wor or dotes of service) NO DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CHIS does not mean the mode of dying, e.g., hoard bolive, solthenic, alc. It means the disease, injury or complication which coursed death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if ony, giving rise to the obove course (A) sloling the UNDERTING CONDITION OF STREET (C). ON DISEASE OR CONDITIONS, if ony, giving rise to the obove course (A) sloling the UNDERTING CONDITION OF STREET (C). ON DISEASE OR CONDITION OF STREET (A) ANTECEDENT CAUSES DISEASE OR CONDITIONS CONTRIBUTING ON THE SIGNIFICANT CONDITION SCONTRIBUTING ON THE SIGNIFICANT CONDITION OF THE TERMINAL OF STREET (C). ON ON CHRONIC ALCOHOLIC LIVER DISEASE OR CONDITION OF THE TERMINAL OF THE	If Under 24 Hours Min WHAT COUN SS Wenue XIMATE INTERVA
FULL NAME OF MOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 3. THE JOHNS HOPKINS HOSP UTAL S. SEK 6. RACE 7. MARRIED NEVER MARRIED STREET AND NUMBER 2007 SPARKS COURT S. SEK 6. RACE WIDOWED DIVORCED 6. 10 DIVORCED 6. 11 Under 1 Yr. WIDOWED DIVORCED 6. Baltimore, Maryland 12. CITIZEN OF V Baltimore, Maryland 13. FATHER'S NAME JOSEPH BIGHAM ALBERTA KECK 15. Was Deceased Ever in U. S. Armed Forces? 15. Was Deceased Ever in U. S. Armed Forces? 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SCURITY NO. NO 18. J. Armed Forces? 16. SOCIAL SCURITY NO. NO 18. J. Armed Forces? 16. SOCIAL SCURITY NO. SECURITY NO. SECURITY NO. ANDEES AND IC BRAIN DAMAGE JUPICTO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQU	If Under 24. Hours Min WHAT COUN SS Wenue XIMATE INTERVA ONSET AND DE
2007 SPARKS COURT 5. SEX	WHAT COUN SS WANTE INTERV. ONSET AND DE
MALE WHITE WIDOWED DIVORCED 6-21-06 61 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Rettred 13. FATHER'S NAME JOSEPH BIGHAM 14. MOTHER'S MAIDEN NAME ALBERTA KECK 15. Was Deceased Ever in U. S. Armod Forces? (Yes, no or whintown) (If yes, give wor or dotes of service) NO 16. SOCIAL SECURITY NO. Mrs. Anna Barnett 3442 Virginia Av APPROX SETWEEN (A) MMEDIATE CAUSE AND X.I.C. BRAIN. DAMAGE	WHAT COUN SS WONUE XIMATE INTERVA
MALE WHITE WIDOWED DIVORCED 6-21-06 61 10A. USUAL OCCUPATION (Give hind of working life, even if refired) Retired 3. FATHER'S NAME JOSEPH BIGHAM 15. Was Deceased Ever in U. S. Amed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) NO Mrs. Anna Barnett JOSEPH BIGHAM 15. Was Deceased Ever in U. S. Amed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) NO Mrs. Anna Barnett JUSEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foliure, osthemic, etc. If means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION Issl. OTHER SIGNIFICANT CONDITION Sc.) OTHER SIGNIFICANT CONDITION Sc.) OTHER SIGNIFICANT CONDITION Sc.) OTHER SIGNIFICANT CONDITION GIVEN IN PART I IAI. DISEASE OTHER SIGNIFICANT CONDITION GIVEN IN PART I IAI. DISEASE OR CONDITION GIV	SS VONUE XIMATE INTERVA
Baltimore, Maryland 13. FATHER'S NAME JOSEPH BIGHAM 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) NO Mrs. Anna Barnett APPROX BETWEEN I (This does not mean the mode of dying, e.g., heart foilure, osthenic, etc. It means the diseose, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION Tost. OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION TO THE TERMINAL DISEASE OR CONDITION OF ANY ACCIDENT WAS UNDERLYING CONDITION OF WHICH OPERATION WAS PERFORMED 13. AACCIDENT WAS UNDERLYING ON (Hour) ANTECEDENT CAUSE OF CONDITION TO THE TERMINAL DISEASE OF CONDITION OF ANY ACCIDENT WAS UNDERLYING CAUSE OF DEATH? AND THE CONTRIBUTING CAUSE OF DEATH? AND THE CONTRIBUTING CAUSE OF DEATH? AND THE CONTRIBUTING CAUSE OF DEATH? AND CONTRIBUTING CAUSE OF INJURY (e.g., in or about 21C, WHERE DID NO PEATH (notify medical examined) CID. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 10. THE NUMBER OF THE TERMINAL DISEASE OF CONTRIBUTING CAUSE OF DEATH? OF INJURY COCUR?	SS VONUE KIMATE INTERVA ONSET AND DE
13. FATHER'S NAME JOSEPH BIGHAM 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [If yes, give wor or dotes of service) NO Mrs. Anna Barnett 16. SOCIAL SECURITY NO. Mrs. Anna Barnett JULY Virginia Av APPROX BETWEEN (ANOX LC BRAIN DAMAGE CARDIAC ARREST, UNKNOWN CARDIAC ARREST	VONUO XIMATE INTERVA ONSET AND DE
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL 17. INFORMANT ADDRES	VONUO XIMATE INTERVA ONSET AND DE
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor of dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRES	VONUO XIMATE INTERVA ONSET AND DE
SECURITY NO. Mrs. Anna Barnett 3442 Virginia Average SECURITY NO. SECURITY NO. Mrs. Anna Barnett 3442 Virginia Average SECURITY NO. SECURITY NO. SECURITY NO. Mrs. Anna Barnett 3442 Virginia Average SECURITY NO. SECURITY N	XIMATE INTERVA ONSET AND DE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION last. (A) IMMEDIATE CAUSE ANOX IC BRAIN DAMAGE CARDIAC ARREST, UNKNOWN ETIOLOGY (B) DUE TO, OR AS A CONSEQUENCE OF: DELER I UM TREMENS CHRONIC ALCOHOLIC LIVER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH? OR CONTRIBUTING CAUSE OF DEATH? OR CONTRIBUTING CAUSE OF DEATH? OR CONTRIBUTING (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	ONSET AND DE
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in 8 oltimore City, give exact lo OR CONTRIBUTING CAUSE OF home, lorin, loctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?	DERED
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Not While At Work	
22. I certify that (I) (this hospital) attended the deceosed from 1-5-68 19 to 1-11-68	19
that (1) (we) last saw the deceased olive an 1-11-68 19 and that in(my) (our) opinion death accur	rred on the
and hour and fram the couses stated abave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNE	
	D
Attending Med. Shaff XX 1-11-68 230 PHYRICIAN'S NAME (Type) Attending Med. Director Phys. XX 1-11-68	
ALBERT B. EINSTEIN JR. DE CHE D THE JOHNS HOPKINS HOSPITAL	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)	
Burial 1-15-1968 Woodlawn Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 258. NAME-OF REGISTRAR 25C. FUNERAL DIRECTOR ADD) (Stot

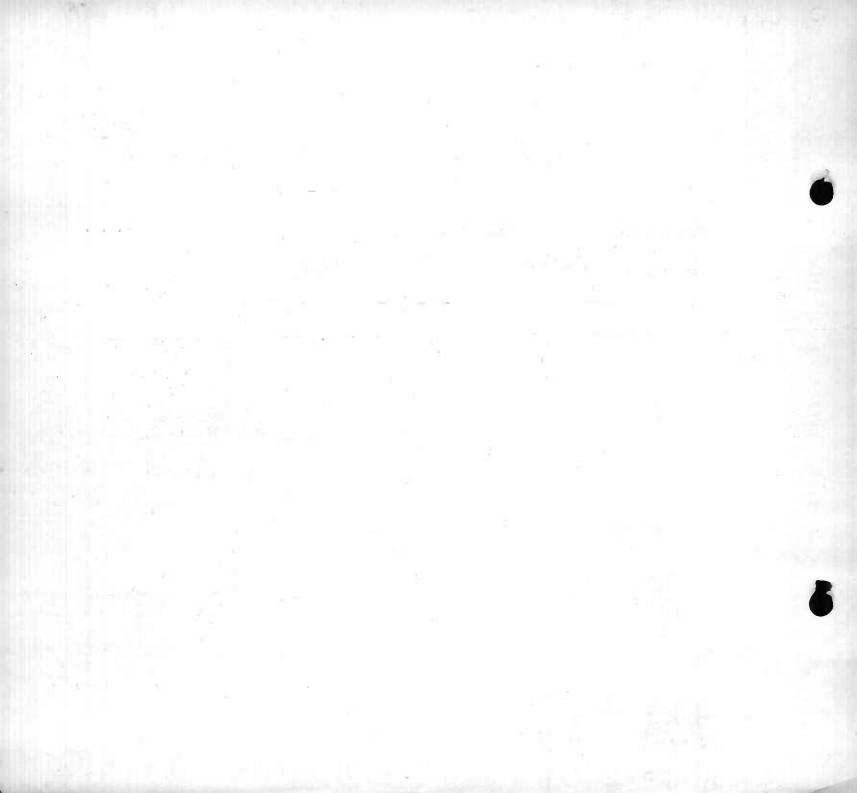


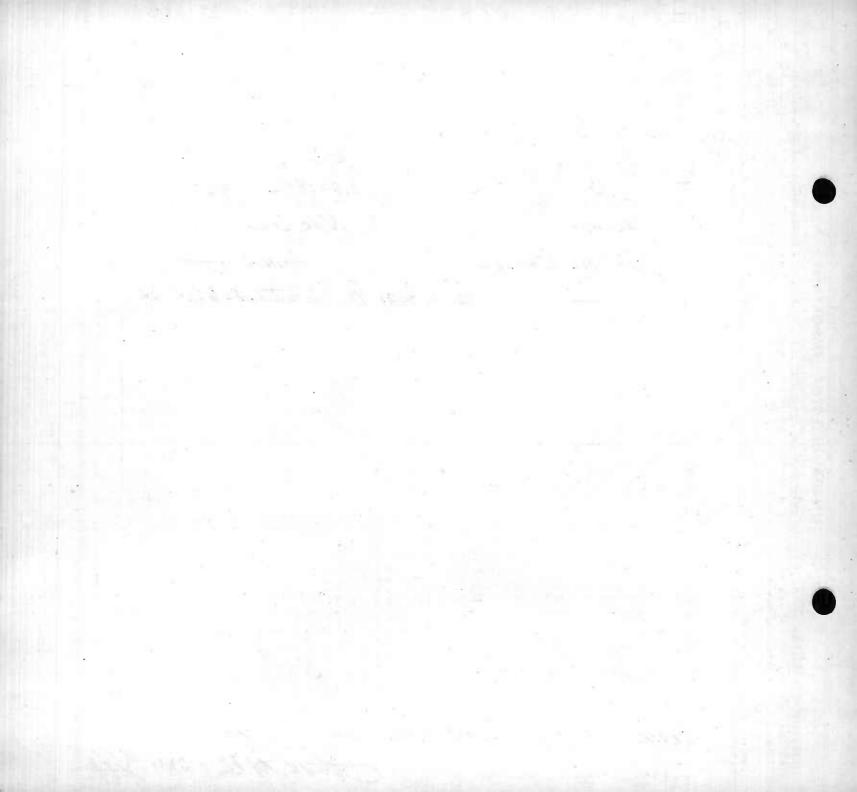
DII	TH NO		MED	ICAI	EXAMINE	R'S C	CERTIF	ICATE C	F DEATH	H REG. NO.	8 (376
	RTH NO.	FACED					II. E. E.					
	NAME OF DEC		ELSIE	J M	UIR		2. DATE OF DEATH	Known Estimoted	Month	Doy	Year	Hour M.
4.	PLACE IN BAL	TIMORE, MA	RYLAND, V	VHERE P	RONOUNCED DEAD		3. DATE		Month	Doy	Yeor	Hour
HC	LL NAME OF DSPITAL INSTITUTION	(IF NO	T IN HOSPITA	AL OR INS	TITUTION, GIVE STREET			DUNCED DEAD	January	,	1968	10:10 A.
		1314	Hillm	an S	treet		A. STATE	Marylan	D D	. COUNTY		07
6.	SEX	7. RACE		B. MAR	RIED NEVER MARI	RIED 🗌	C. CITY C	R TOWN		D. INSIDE CIT	Y LIMITS?	
	Female		gro	WIDO	WED X DIVOR	CED 🗆		Haltimo		YE	s 🗓	NO 🗆
	date of birti 2 – 9–1888		10. AGE (In lost birthdo 80	y)	If Under 1 Yr. If Under Months Doys Hour		E. SIREE	1314 Hil	.1man Str	eet		
	BIRTHPLACE (S	_			12. CITIZEN OF WHAT COUNTRY	Y?	13. FATHE	R'S NAME		44-75		
	Accomac,				U.S.A.			Parker				
	N.USUAL OCCU te during most of v			14B. KINI	OF BUSINESS OR I	NDUSTR	Y 15. MOTH	ER'S MAIDEN	NAME			
	housewi		,	hou	sewife			Indiana	Railev			
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	S? 17. SOCIAL		IB. INFO		Duricy	AD	DRESS	
(Ye	s, no or unknown)	(If yes, give	wor or dotes	of service	,							
-	no				213-03-5			Anna Jac	kson 632	Cokesbu	ry Av	PPROXIMATE INTERVAL
	14.	+9 1			CAUSE	OF DEA	TH					VEEN ONSET AND DEATH
	DISEAS	E OR COND	TION DIRE	CTLY	Ar	torio	sclar	tif care	liovascul	ar dise	age	
		LEADING TO	DEATH					JULE Care	TOVASCAL	ar arse	456	
	(A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,											
1	injury or con	injury or complication which coused death.)										
	1	NTECEDENT			(B)							~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	DISEASES (DR CONDITI	ONS, IF ANY	, GIVING	DUE	10, OR	AS A CONS	EQUENCE OF:			25	
	UNDERLYIN	IG CONDIT		IIIVO IIII								
ló					(c)							
CERTIFICATION	422	ILFICANT COL	II	ONTRIBL	TING						10 TH	
0	TO THE DEA	ATH BUT NOT										
世	DISEASE OR	CONDITION										
3	20A. DATE OF	OPERATION	20B. CO	NOITION	FOR WHICH OPERA	TION W	AS PERFOR	MED			21. AUTO	PSY? (Yes or No)
O	0										1	No
4	22A. EXTER	NAL CAUSE	WAS		22B. PLACE OF INJU	JRY(e.a.,	in or obout	22C. WHERE D	ID (If in Boltimore	City, give exo		10
EDIC	UNDERLYING UTING CA	OR CON	TRIB-		home, form, foctory, st	treet, offic	e bldg., etc.)	INJURY OCCU	R?			
Σ	OF INJURY	(Month) ([Ooy) (Yeor	r) (Hou	r) 22E.INJURY OCC	CURRED		22F. HOW DIE	INJURY OCCU	R?		
	(APPROX.)				m. WHILE AT WORK		WHILE					
	23.			-	m. WORK	AIV	YORK LI	L				
	l cert	ify that I h	eld on 1	nquiry	Inspection [X Au	tap sy	and that a	n this bosis, o	leath In my	ninion	
		,						Homicide	•		-	
	result	red from: N	latural cou	ses A	Accident	Suicio	ie 📙 📗			ed monner L	_	
		100	1	1	1	Western .		CHIEF MEDIC	AL EXAMINER			DATE SIGNED
	SIGNATI	IDE 4	whi	J	Tul	M.D	AS	SISTANT MEDIC	AL EXAMINER	X		DATE STORED
	EXAMIN		harlos	C	Springate,			OCIATE MEDIC	AL EYAMINED	Tan	112777	11, 1968
-	NAME (1	ype)										
	A. BURIAL CRE/	(y)	24B. DATE	•	24C. NAME of CE				4D. LOCATION	(City, town		
	Burial		1-15-6		Arbutus N		tal Pa	ark	Baltime	ore, Man	ryland	1
25	A. DATE REC'D	BY HEALTH	DEPT.	25B. M	NAME OF REGISTRAR	5	25 C	FUNERAL DIR	ECTOR 1735 1	Harford	Aven	ie 21213
				0	4 40 4						21 1 611 6	
		AN 12	1968	11.2	Par J Ata P.	all A	1	larshall	W. Jones	Jr.		
VS	151-REV. 1/1/68	1		100		1			111			

district silverson;

A REPORT OF LA MARKET HOLD, AND THE FEEL !

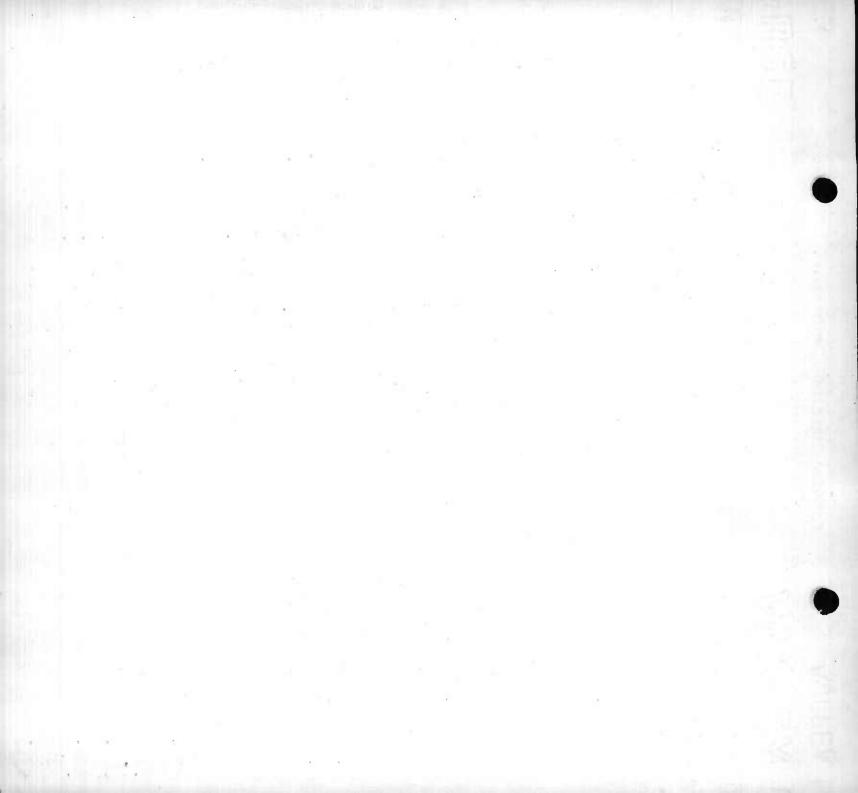
USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) D. INSIDE CITY LIMITS? NO If Under 1 Yr. Months Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? VEG (If In Baltimore City, give exoct location) and that in (my) (aur) apinion death accurred on the date 23B, DATE SIGNED (City, fown, or county) Was ADDRESS VS 150-REV. 1/1/6B





FUNERAL DIRECTOR: IMPORTANT

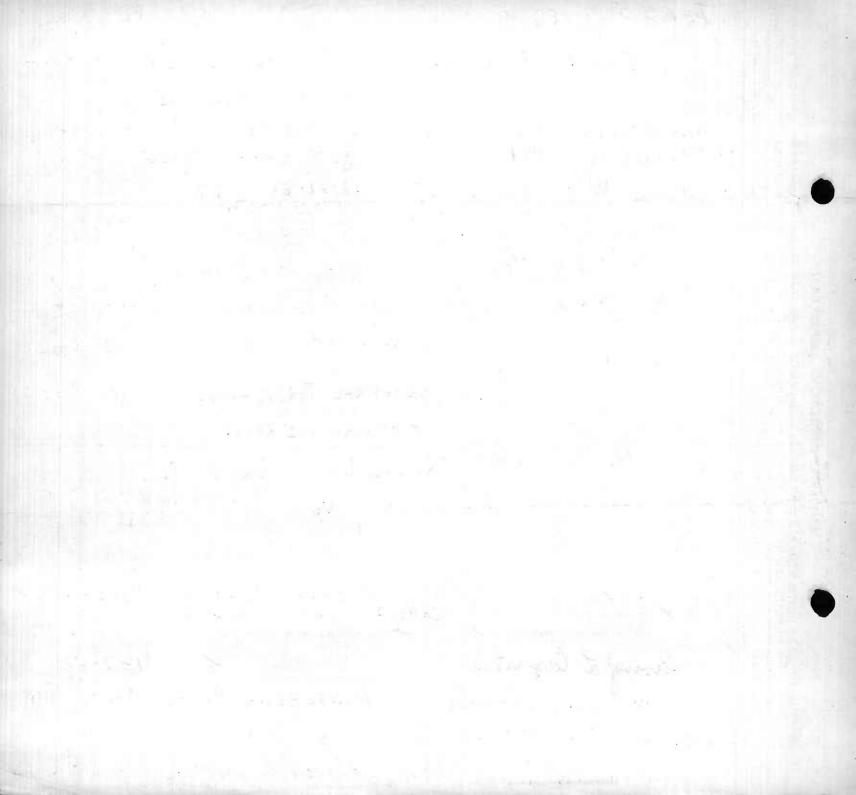
0	1 .10				BALTIMORE CIT	Y HEALTH DEPARTMENT		68 0379
6	3-421	9	68	037	9 CERTIFICA	TE OF DEATH	REG. NO	00 0070
	TH NO.	TEA SED			0 0 1 1 1 1 1 1 1 1		AND HOUR OF DEAT	Н
	e or Print)		Mabel	g (27 c	ngion			168 1 455 PM
3. P	PLACE IN BA				NUCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	
						Maryland B. co	UNTY	12-12
HO	LL NAME OF		SS OR LOCAT		UTION, GIVE STREET	C. CITY OR TOWN	ID IN	ISIDE CITY LIMITS?
NS	NOITUTION	_				Bal timore	J. 110	YES TO NO
)		Long	Green	Nurs:	ing Home	E. STREET AND NUMBER	1	
						3404 St. P	aul St.	
S. S	EX	6. RACE	7	MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	tf Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	F	W		WIDOWED	DIVORCED	4/2/1878	89	Total San
				OB, KIND OI	BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	oreign country)	12. CITIZEN OF WHAT COUNTRY?
ione		working life, ev	ren if retired)			Condney	fa ==	77 69 4
13. 1	FATHER'S NA	ewife		Own	Home	Gardner, M	LASS.	U.S.A.
						THE THE PERSON OF THE PERSON O		
		man B.				Fannie Wil	Lson	
5. Yes	Wos Decease , no or unknow	d Ever in U. S n) (If yes, give	wor or dotes	of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	No				20-44-3922	George M. (Tlagian 2	601 Greenway
	1B. , j //	3.0		-	CAUSE OF DEA		1197191 31	APPROXIMATE INTERVAL
	DISEA	SE OR CON	DITION DIRE	CTLY		^	0 1	BETWEEN ONSET AND DEATH
		LEADING 1	O DEATH		(A) IMMEDIATE CA	USE (proveres 5	Heroules	er fermulos
		not mean th			DUE TO, OR AS	A CONSEQUENCE OF	O - Wase	alast commo
		, asthenia, et mplication wh			July	erlevising to	ullo- bert	18 years
		ANTECEDEN	T CAUSES		01		Distance	
	DISEASES	OR CONDIT		ny aivina	(B)OR A	S A CONSEQUENCE OF:		
	rise to t	ne abave d	cause (A)				4	
	UNDERLYIN	G CONDITIO	ON last.		(c)			
	420.	/ 11						
ON		FICANT CONE						
ATI	DISEASE OR	CONDITION G	IVEN IN PART	I (A).		I DO A	N. V. COR. LE MES. 1445	THE STATE OF THE S
ERTIFIC	19A. DATE O	F OPERATION	WAS PERFO		WHICH OPERATION	20 A. AUTOPSY? (Yes or	IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ERT	0 •							*
0	OR CONTRIB	UTING CA	USE OF	hon	ne, form, factory, street,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR	(It in Baltim	nore City, give exact location)
CA	DEATH (notif	y medicol exg	mined	etc.				
EDI	21D. TIME	(Month) ([Doy) (Yeor)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
ξ	(APPROX.)	-		WI	nile At Not Wh	ite 🗍		
	20 1 16	.1 . /1) /.1					1949 to 70	mary 11 1968.
					he deceased from			
	thot (I) (we) lost saw t	he deceased	alive an,	December 2	19 <u>4</u> ond	that in (my) (aur) o	opinion death occurred an the dote
	ond hour or	nd from the d	ouses stote	ed obove. (l) (We) (did) (did not)	view the body ofter deor	th.	
	23A. SIGNAT	URE A	1.7	^				23B. DATE SIGNED
	(1). 2	rell-	w 16	2 16	At Ph	rending Med. Director	Staff Phys.	January 12 1968
	23 C. PHÝSICI	ANS	V	1	DEGREE	23D. ADDRESS		1
	NAME	yper W_(Grafto	n Her	sperger	Medical Ar	ts Buildin	
24A	BURIAL CR	EMATION, 24			AME of CEMETERY OF C			(City, town, or county) (State)
	REMOVAL	(Specify)						
	urial		1/13/6		Druid Ridge	P	ikesville,	Balto Co., Md.
2SA	DATE REC'	BY HEALTH	DEPT.	25B NAME	OF REGISTRAR	25C. FUNERAL DIRECT	kins & Son Ba	is Co. 4905 York I
	AWIL T	6 1300	Violen	12, VO	Liber AA		Ba	ilto.12, Md.
110	100 DEV 1/1	/4 D						



1 5-260 68 0380 BALTIMORE CITY HEALTH DEPARTMENT

0 20			BALTIMORE CITT TIE	TEITI DEI ARTMEINT		0.0
	MED	OICAL	EXAMINER'S	ERTIFICATE	OF DEATH REGINO	68 0380
BIRTH NO.						
1. NAME OF DEC	CEASED	/Fra	nklin	2. DATE Known	Month Doy	Yeor Hour
(Type or Print)	HOWARD	SHAV	I GER	OF DEATH Estimated		
4 PLACE IN RAI	TIMORE, MARYLAND, V			3. DATE	Month Day	Yeur Hour
FULL NAME OF			TUTION, GIVE STREET	PRONOUNCED DEA	D	
HOSPITAL	ADDRESS OR LOCA	JION)	Ollow, GIVE SIKEET		Jangary 10,	1968 1:35 P.
OR INSTITUTION					Where deceased lived. If Institution	
	Cinci Hoc	nital		A. STATE	B. COUNTY	
(Cm)(Sinai Hos	-		New Je	W	0
6. SEX	7. RACE	8. MARRIE	D INEVER MARRIED	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
Male	White	WIDOWE	DIVORCED	Denvi:	Me, N.J.	YES NO
9. DATE OF BIRT			If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMB		TES CES
Oct.11.	last birthda		Manths Doys Haurs Min.		ain Street	N-27
11. BIRTHPLACE (S	State or foreign country)	1	2. CITIZEN OF	13. FATHER'S NAME		-
			WHAT COUNTRY?			
New Jer			U.S.A.	Walter St	nawger	
done during most of	IPATION (Give kind of wark working life, even if retired)	14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN	NAME	
Machini		Moo	hinery	Conone Co	ard	
	ED EVER IN U.S. ARMEI			Cerena Ca		ADDRESS
(Yes, na or unknown)	(If yes, give wor ar dotes	of service)	SECURITY NO.		156 1	Main St.
No			144-03-4361	Iliff Fune		wton N. T.
19.	0		CAUSE OF DEA			APPROXIMATE INTERVAL
5/1.	0					BETWEEN ONSET AND DEATH
DISEAS	E OR CONDITION DIRE	CTLY				
	LEADING TO DEATH		(A)IMMEDIATE C	AUSE Bronchopne	umonia	
	nat mean the made of dy			S A CONSEQUENCE OF:		
	e, asthenio, etc. It meons the mplication which coused de					
Al	NTECEDENT CAUSES		(B)	Fatty meta	morphosis of li	ver
DISEASES	OR CONDITIONS, IF AN	Y, GIVING	DUE TO, OR	AS A CONSEQUENCE OF		
IINDERIVI	E ABOVE CAUSE (A) STA	IING IHE				
Z	TO COMPINETY LAST.		(C)		******	
ZOTHER SIGN TO THE DEL DISEASE OR 20A. DATE OF	. 11					
OTHER SIGN	VIFICANT CONDITIONS C	ONTRIBUTI	NG			
DISEASE OF	ATH BUT NOT RELATED TO CONDITION GIVEN IN P		4AL			(Postini)
20A DATE OF		. ,	OR WHICH OPERATION WA	AS DEDECORMED		21. AUTOPSY? (Yes or No)
H ZOA. DATE OF	F OFERA HOTE 200. CO	INDIIIOIN	OR WHICH OPERATION WA	AS PERFORMED		21. AUTOPS (163 01 140)
N						Yes
ZZA. EXTER	NAL CAUSE WAS	12	2B. PLACE OF INJURY (e.g.,	in ar about 22C. WHERE	DID (If in Boltimare City, give e	
UNDERLYING	GOR CONTRIB-	h	ame, farm, factory, street, office	bldg., etc.) INJURY OCC	UR?	
	USE OF DEATH.					
	(Month) (Day) (Yeo	r) (Hour)	22E.INJURY OCCURRED	22F. HOW D	ID INJURY OCCUR?	
OF INJURY (APPROX.)				WHILE		
23.		П	n. WORK	rtial)		
l cert	tify that I held an I	nquiry	InspectionAu	tapsy X and that	an this basis, death In m	y apinian
resul	ted fram: Natural cau	ses X	Accident Suicid	e Homicide	Undetermined manner	
10301	0 4 4	-	0			
ACTUAL	1111	1)	110	CHIEF MEDI	CAL EXAMINER	DATE SIGNED
SIGNAT	/V C - 1	1	I Jakun	ASSISTANT MED	ICAL EXAMINER X	- 1112 0101110
	,	0 0	M.U	ACCOCIATE MED	ICAL EXAMINED	11 1000
EXAMIN NAME (1	Type) Charles	S. Spr	ingate, M.D.	ASSOCIATE MED	Ja:	nuary 11, 1968
24A. BURIAL CRE	MATION, 24B. DATE		24C. NAME of CEMETERY	ar CREMATORY	24D. LOCATION (City, ta	wn, ar caunty) (State)
REMOVAL (Speci						
Rem.Buri		68	Somerset Hi	lls.	Basking Ride	ze. N.J.
25A. DATE REC'D	BY HEALTH DEPT.	25B. NA	ME OF REGISTRAR	25C. FUNERAL D		ADDRESS
IDNI	2 1968 (R.O.	B. C	In O and	H. M.Jer	nkins & Sons (Co. 4905 York
ALIK 3	1200 AM	WW C	. Jailagens		Balto 1	2. Md.
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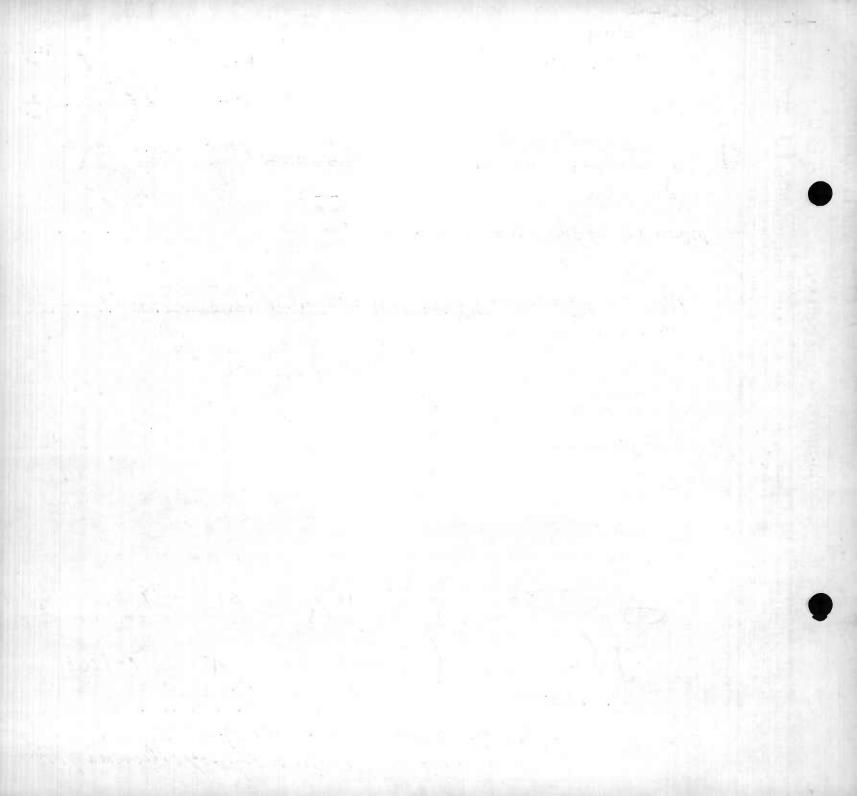


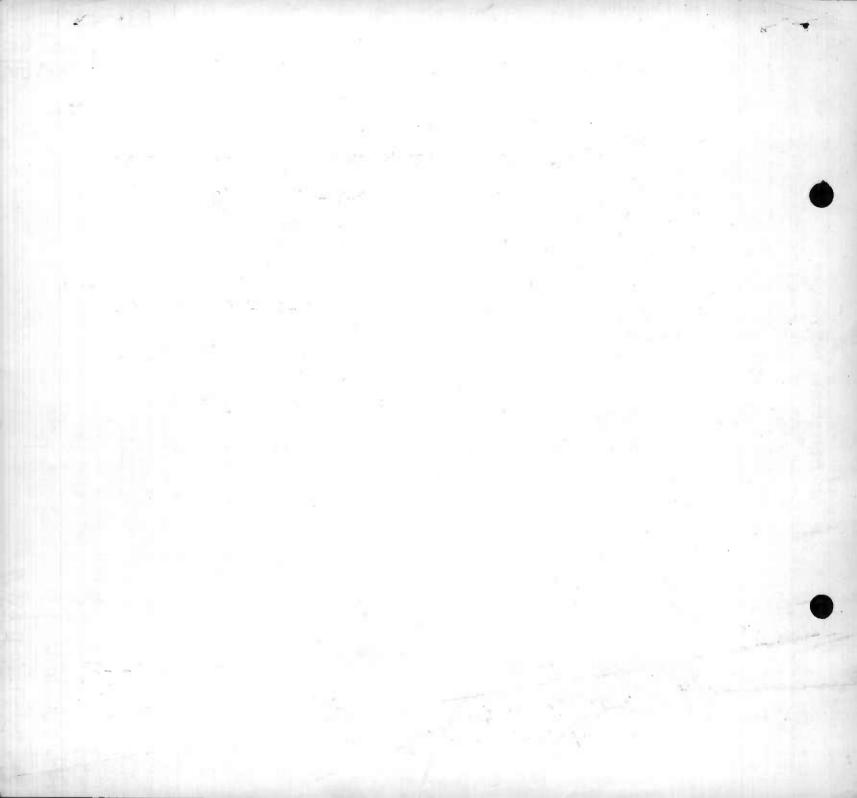
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			りび	030		ALTIMORE CITY HE						
			MEI	DICA	L EX	AMINER'S	CERTIFIC	CATE OF	DEATH	REG. NO.	68	0382
-	RTH NO.											
	NAME OF DEC	EASED					2. DATE	Known	Month	Doy	Year	Hour
(1)	GEOR	GE		F.		WORTH	OF DEATH	Estimoted 🔀	January	y 9, 1	.968	UNK M
4.	PLACE IN BALT		ARYLAND.		RONOU	NCED DEAD	3. DATE		Month	Doy	Yeor	Hour
	LL NAME OF	(IF N	OT IN HOSPI	TAL OR INS	NOITUTITE	, GIVE STREET	PRONOU	NCED DEAD		y 9, 19		2:10 P.
HC	SPITAL R INSTITUTION	ADD	RESS OR LOC	ATION)			6 HEHAL DE	CIDENICE (W		•		M
	- 0 .	12 6	Ponca	Ctmoo			A. STATE	SIDEINCE (Where		ed. It institution	n: residence i	before odmission)
	000	اه در در	Ponca	price	· C		Mary1	and		. 0001111		16-18
6.	SEX	7. RACE		8. MAR	RIED .	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	0
n.	Male	Wh	ite		WED 🗌	DIVORCED 🔀	Balti	more			ES XX	wa []
-	DATE OF BIRTH		10. AGE			r 1 Yr. II Under 24 Hrs.		ND NUMBER		Y	F2 (77)	NO L
0			lost birthd			Doys Hours Min.						
	EB, 22,	1900	64					S. Ponca	Street			
11.	BIRTHPLACE (S	tote or fore	ign country)			ZEN OF	13. FATHER'S	NAME				
	VIRCI	N) 1 X	_		WH	AT COUNTRY?	CH	ARKES	L. h	JORTH	1	
144		101		k 14B. KIN	D OF BUS	SINESS OR INDUSTRY	_ ,, .		ME			
dor	ne during most of w				==1	- MFGR.	270	1 11				
	TINUM				FEL	7	KEN					~ 1
(Y €	WAS DECEASE s, no of highnown)	(Il yes, give	wor or dote:	s of service	S? 1/	SOCIAL SECURITY NO.	18. INFORM	_	81	39 B J	PRINEC	K KA
	IVO	_		0	217-	01-7453	EDITH	Y. DUNCI	911 .	DUND	ALV 1	rud 2122.
	19. //)	4 .				CAUSE OF DEA	TH				AF	PPROXIMATE INTERVAL
	7/0,	/										VEEN ONSET AND DEATH
			DITION DIR	ECTLY		Artori	osclaro	tic Card	iovascu	lar Dis	sease	
	4			luina a a		(A) IMMEDIATE C	AUSE	CIC OUIG				
	(This does no heart follure,	osthenio, e	tc. It meons th	ne diseose,		DUE TO, OR	AS A CONSEQU	JENCE OF:			- 1	
	injury or com	plicotion w	hich coused de	eoth.)								
	44	TECEDEN	TCALICEC									
	DISEASES		T CAUSES	A GIVING		(B)	AS A CONSEQ	UENCE OF:				
	RISE TO THE	ABOVE C	AUSE (A) STA	ATING THE								
z	UNDERLYIN	G COND	IION LAST.			(c)	*- * - · · · · · · · · · · · · · · · · ·				****	
CERTIFICATION	H22.1		П									
4	OTHER SIGN		ONDITIONS C									
문	DISEASE OR		OT RELATED TO N GIVEN IN I					**********				~~~~~~~~~~~
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3												
١.					T							No
MEDICAL	UNDERLYING	NAL CAUS			home, fo	CE OF INJURY (e.g., rm, foctory, street, ollic	in or obout 22 blda etc.)	JURY OCCUR?	(If in Boltimore	City, give exc	oct locotion)	
0	UTING CA					,						
Σ	22D. TIME ((Doy) (Yes	ar) (Hou	r) 22E.	INJURY OCCURRED	22	F. HOW DID IN	JURY OCCU	R?	-	
	(APPROX.)				WHII	LE AT NOT	WHILE					
	23.				m. WOR	RK LJ AT W	ORK L					
		6. Al- a A	hald as	1		nspection 🔀 Au		and shakes a	L	141 2		
		fy that I		Inquiry	-		_	ond that on t	his basis, a	eoth in my	opinian	
	result	ed from:_	Natural ca	uses A	Acci	Nent Suicio	le 📙 Hai	micIde 🗀	Undetermin	ed monner		
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	SIGNATU	1100	100	1	1	M.D	•				1	/9/68
	NAME (T		Werner	· U.XS	pitz	, M.D.	ASSO:	CIATE MEDICAL	EXAMINER [_	1	, , , , ,
24	A. BURIAL CREA		24B. DATE	, 0	240	NAME of CEMETERY	or CREMATO	PV 245	LOCATION	(Chr. berry	n, or sounty	1 (5:-1)
RE	MOVAL (Special	y),	1 / -	less	0 1	DAVIDI	1) 1)	72	DITION	UNDE	, obounty	Mac
9	NOKIA	L	1/12	11468	1 14	TH LINK			401111	IUNZ	0,	MC.
25	A. DATE REC'D	BY HEALTH	DEPT.	25B. N	NAME OF	REGISTRAR	25C. F	UNERAL DIRECT	OR 1	A	ADDRESS	
				0 -	R 0	Fr. OwnA	Kis	11	6	2/ /	11 1	al un
	1.70	24 4 TL	1000	13 17	Mar July	A TOTAL PORT OF THE	W/	1/3/1/10	[11 md	VOH. KI	Un. Val	us are

VS 151-REV. 1/1/6B

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) NO If Under 1 Yr. Months: Doys If Under 24 His. Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. ADDRESS EASTERN AVEN BALTO BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (my) (our) opinion death accurred an the date City, town, or cor





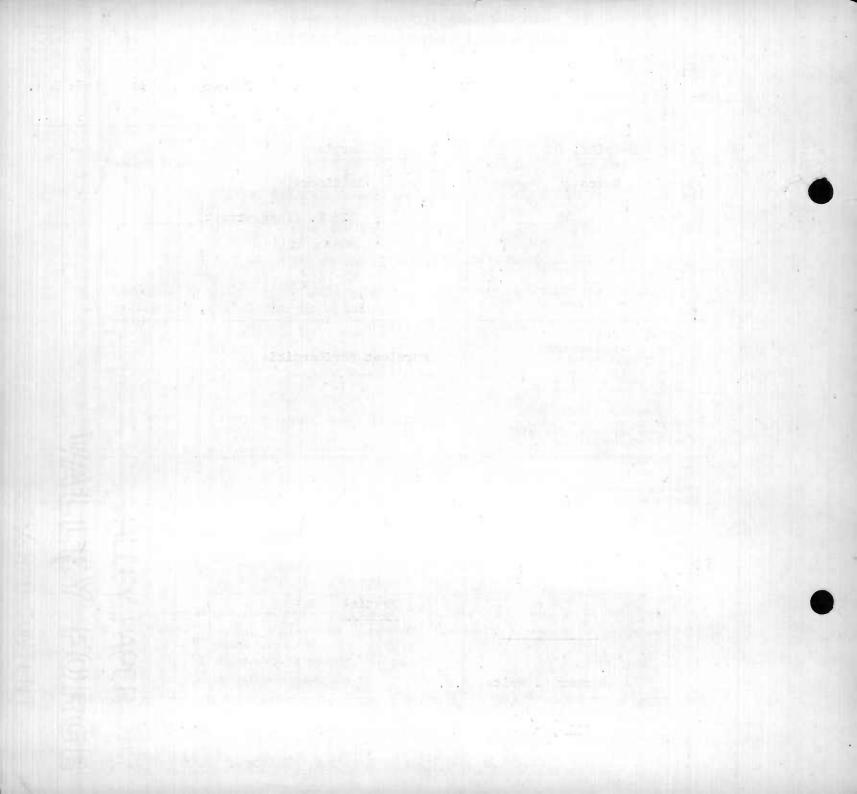
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68 0385 BALTIMORE CITY HEALTH DEPARTMENT

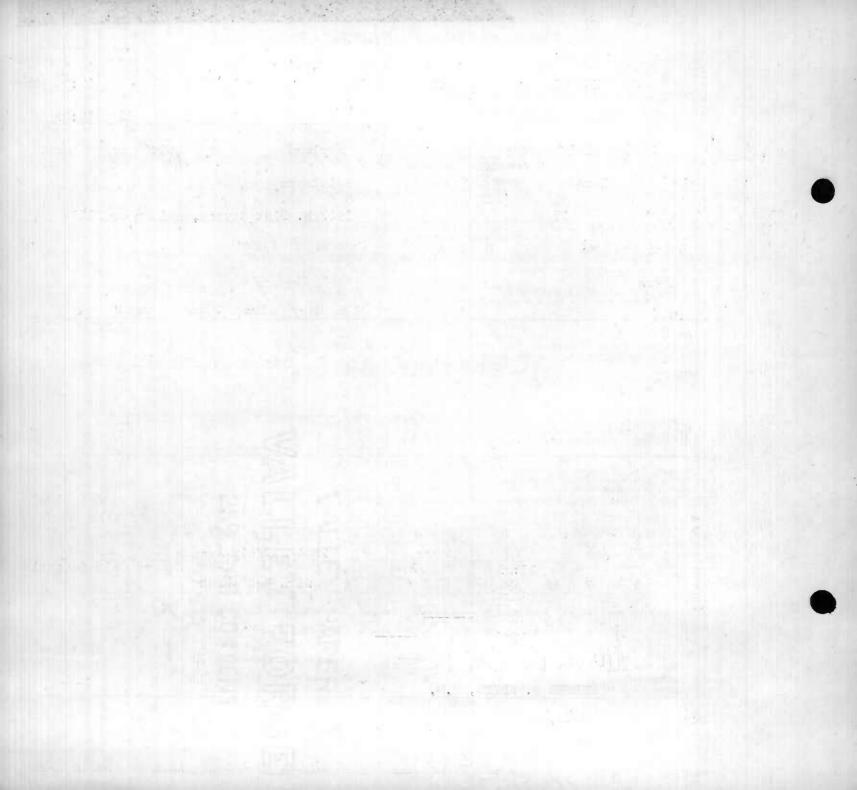
MEDICAL	EXAMINER'S	CEDTIFICATE	OF	DEATH
MEDICAL	EYAWIIJEK 2	CERTIFICATI	C	DEATH.

DIA LITALIA		MED	ICAL	EXA	AMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO	68	0385
BIRTH NO.	FASED					2. DATE	Knawn X	Manth	Day	Year	Haur
(Type or Print) FRANCE				SMI	יחינו	OF	Estimoted	Januar			3:05 Am
4. PLACE IN BAI		RYLAND. V	VHERE PRO			3. DATE	2311110100	Month	Doy	Year	Hour
FULL NAME OF HOSPITAL	(IF NO		AL OR INSTI		, GIVE STREET	PRONO		January	9, 196	8	3:05 A.M.
- Hopkins	Hospit	al (DO	A)			5. USUAL R A. STATE Mary	esidence (When land		ed. If Institution: B. COUNTY	residence b	perore odmissian)
6. SEX	7. RACE		8. MARRI	ED 🔲	NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CA	Y LIMITS?	
Female	Negr	0	WIDOWI	_	DIVORCED [Balt.	imore		VE	s 🛚	NO 🗆
9. DATE OF BIRT		10. AGE (I	n yeors	If Unde	r I Yr. If Under 24 Hrs.		AND NUMBER			3 (2)	
3/10/21		last birthda	y) /	Months i	Days Haurs Min.	000	E Econ	Channa			
11. BIRTHPLACE	State or foreig	46	1	2. CITI	ZEN OF	13. FATHER	E. Eager	Street			
		,,			ALCOUNTRY?		rd Baile	W.			
Virgi		1. 1 (1	149 VIAID	0							for the
dane during mast of Housewij	warking life, ev	en ifretired)	140. KIND	OF BU	SINESS OR INDUSTR	Vio]		IME			
16. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	7 17	SOCIAL SECURITY NO.	18. INFOR				DRESS	
(Yes, na ar unknawn	Mir yes, give v	war ar aoies	or service)		SECORIT NO.	Miss A	Annie Mae	Bailey	, Farmvi	lle	Va
19.	- V	25-1-		_	CAUSE OF DEA	TH					PROXIMATE INTERVAL
43	0 1									BEIW	EEN ONSET AND DEATH
DISEAS	E OR COND		CITA		Purule	nt Per	icarditis				
(This does r	ot meon the		Ing, e.g.,		(A)IMMEDIATE	AS A CONSEC	LIENCE OF:				
	e, asthenia, etc mplication which				50210,000	-0 - 001.520					
DISEASES RISE TO TH UNDERLYI	NTECEDENT OR CONDITION E ABOVE CANG CONDITION	ONS, IF ANY USE (A) STA ION LAST.	Y, GIVING TING THE		(B)	AS A CONSE	QUENCE OF:				
O TO THE DE	NIFICANT CON	RELATED TO	THE TERMII	NG NAL							
20A DATE O	CONDITION			OP WI	HICH OPERATION W	AS DEDECIDA	AED				PSY? (Yes ar Na)
S A	O EKANOI	1200. CO	ADIMOTAT	OK WI	HEIT OF EXAMOTE W	AS FERTORI	, LD			21. 4010	311 (100 01 110)
- 6		1412.0								Ye	S
UNDERLYING CA		TRIB-	2 -	22B. PLA nome, fa	CE OF INJURY(e.g., arm, factary, street, office	e bldg., etc.)	NJURY OCCUR?	(If in Baltima	re City, give exac	ct lacation)	
22D. TIME OF INJURY (APPROX.)	(Month) (D	ay) (Yea		WHI		WHILE	22F. HOW DID IN	NJURY OCCI	JR?		
23.				m. WOI		rtial					
l cer	tify that I h	eld an l	nquiry _		nspection Au	tapsy	and that an	this bosis,	death in my	aplnion	
resul	ted from: N	latural cau	ses X	Acci	ident Suicio	le 🗌 H	omicide 🔲	Undetermi	nod manner		
	1		/		1		CHIEF MEDICAL	EXAMINER			
ACTUAL	14 11 1	4.01	7		5	224	ISTANT MEDICAL		K		DATE SIGNED
SIGNAT		my	1-11	Y	M.D).				1/	9/68
EXAMIN NAME (AA C	rner U	. Spi	tz,	₩D.	ASS	OCIATE MEDICAL	EXAMINER		1/	7,00
24A. BURIAL CRE REMOVAL (Spec	MATION, 2	248. DATE	4/68	24C.	NAME of CEMETERY	ar CREMATO	ORY 24D	LOCATION	(City, tawn	, or caunty) (State)
B urial		WHILE	18#		Mt Calvary				County	Md	
25A. DATE REC'D	BY HEALTH	DEPT.	258. N	AME O	F REGISTRAR		FUNERAL DIREC	TOR	Al	DDRESS	
JA	N 15 10	ARR A	7 12	0	T. 17 000	10 8	A Hals	tead	1206 W	Nort I	AWA

VS 151-REV. 1/1/68



1	68 0386 BALTIMORE CITY HEA	LTH DEPARTMENT	
K-620	MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH REG. NO.	68 0386
			Year Hour 68 12:20 PM
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Day PRONOUNCED DEAD 1 7 5. USUAL RESIDENCE (Where deceased lived. If institution: re-	Year Hour 68 12:29 PM sidence before admission)
00	2804 Suffolk Avenue	A. STATE Maryland C. CITY OR TOWN B. COUNTY Baltim D. INSIDE CITY I	ore/-06
	lost birthdoy) Manths Days Haurs Min.	Baltimore YES [E. STREET AND NUMBER	on
	WHAT COUNTRY?	1947 E. 31st Street, Baltim 13. FATHER'S NAME Joseph A Kirk	ore 21218
	Baltimore Md 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Clerk		
		18. INFORMANT ADDR M's Mary Kirk 2324 E Eag	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B)	AUSE Hanging S A CONSEQUENCE OF: AS A CONSEQUENCE OF:	BETWEEN ONSET AND DEAT
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	S PERFORMED 2	. AUTOPSY? (Yes or No)
	22A. EXTERNAL CAUSE WAS UNDERLYING TO ROUTE home, form, factory, street, affice UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) 1 14-55 22E.1NJURY OCCURRED	in ar about 22C. WHERE DID (If in Baltimore City, give exact to bidg., etc.) INJURY OCCUR? 2804 Suffolk Avenue 22F. HOW DID INJURY OCCUR? Hanged WHILE WITH bed sheet	ocotian)
	ACTUAL SIGNATURE ACTUAL SIGNATURE M.D.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) DUTIAL EXAMINER'S WERNER U. SPITZ, M.D. 24C. NAME of CEMETERY of CALVARY 1/16/68 Mt. Calvary		
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR VS 151-REV. 1/1/68 AN 1 5 1968	ADD	

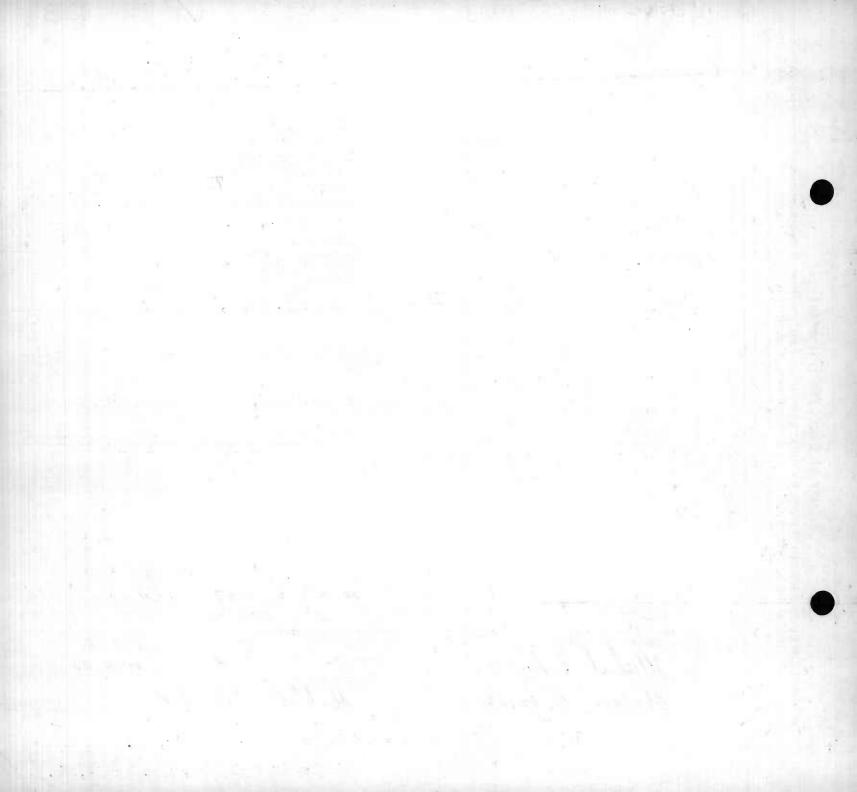


FUNERAL DIRECTOR: IMPORTANT

17	1-655		HEALTH DEPARTMENT	1/	68 0387.
11	68 03	CERTIFICA	TE OF DEATH	REG. NO.	00 0001.
	H NO.	CERTIFICA			
	AME OF DECEASED	2-2	2. DATE AND	HOUR OF DEATH	
тур	e or Printy harles Marvix	Merrym	nu 1,	12/68	11
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRON		4. USUAL RESIDENCE (Where		stitution: residence before admis
					1
	L NAME OF (IF NOT IN HOSPITAL OR INST SPITAL OR ADDRESS OR LOCATION)	TITUTION, GIVE STREET	MATYLAND	Harf	C-L
INS	TITUTION		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
1/			-ICYVETTSUIL	0	YES NO
7	7//	, ,/	E. STREET AND NUMBER		1 -
	Union Memocral	HOSP	Baldwin Mi	ll Road	62.00
5. SI	EX 6. RACE 7. MARRIE	D NEVER MARRIED		. AGE (In years	If Under 1 Yr. , If Under 24
	M WIDOWE		11-4-82	ost birthday)	Months Doys Hours M
104	USUAL OCCUPATION (Give kind of work 108, KIND			o o	12. CITIZEN OF WHAT COU
	during most of working life, even il retired)	O. 803114E33 OK 114D031K1			
1	Farmer Gen.	farming	Jarrett	201116	USA
	ATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
<	200 200		The Sar	ah Alice	Gemmill
	Merson O. Merr			wn	
15. V (Yes,	Nas Deceased Ever in U. S. Armed Forces? ,na or unknown) (If yes, give war ar dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS Md.
	No	218-30-6231	C. Kenneth Me	rryman J	
	18.	CAUSE OF DEAT			A ADDROVIALATE INITED
	431.7			2108	BETWEEN ONSET AND D
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			•	
	(This does not mean the mode of dying, e.	(A)IMMEDIATE CAL		mico	
	heart failure, asthenia, etc. It means the diseas		A CONSEQUENCE OF:		
	injury ar camplication which caused death.)	. 1	4 4 . /		
	ANTECEDENT CAUSES	Kleen	1. 11/4/1000	Promise . U	Real Diano
	DISSASSES OR CONDITIONS IS	(B) DUE TO OR AS	A CONSEQUENCE OF:	THE WAY	Cerchal vascul
	DISEASES OR CONDITIONS, if any, giving the rise to the above cause (A) stating the	. 9	A CONSTRUCTION OF		accedent
	UNDERLYING CONDITION last.	(c) Cong	slengen		
	337X II	<i>\theta</i>			
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G			
틸	TO THE DEATH BUT NOT RELATED TO THE TERMINA		· ## · · · · · · · · · · · · · · · · ·		
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES. WERE	FINDINGS CONSIDERED
H	WAS PERFORMED		11/-	IN CERTIFYING CA	USES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING 2	TB. PLACE OF INJURY (e.g., i	n or shout 21 C WHERE DID	(If In Delaters	e City, give exact location)
	OR CONTRIBUTING CAUSE OF	name, form, factory, street, o	ffice bldg., INJURY OCCUR?	(ii iii baiiiiioi	e City, give exact location;
CAL	DEATH (notify medical examiner)	etc.)	CALLED THE RESERVE		
ā		TE. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
5		While At Not While			
		Work At Work			1
	22. 1 certify that Ma (this hospital) attended	the deceased fram	1/1	968 ta 1	1/2 196
	that (1) (we) lost saw the deceased olive or				nian deoth occurred on the
I 1				(my/ coory opi	decin occurred on the
	and hour and from the causes stated above.	(1) (We) (did) (d id not) v	view the body ofter death.		
	23A. SIGNATURE	1			238, DATE SIGNED
	111. 14. 10.61.	Dha	ending Med.	Staff Phys	1/12/68
	23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	117-9	1,100
	NAME (Type)				THE PARTY OF THE P
	DR W. H.OEHLERT JR	DECORES	THE UNION	MEMORIAL	HOSPITAL
24A	BURIAL CREMATION, 248, DATE 24C.	NAME of CEMETERY OF CR			ty, town, or county) (Sto
	REMOVAL (Specify)				
		arrettsville	Jar	rettsvill	e, Harford, Mo
ICE A					
25A	DATE REC'D BY HEALTH DEPT. 258. NAM	E OF REGISTRAR			
25A	JAN 15 1968 Pole 8 4	E OF REGISTRAR			rettsville, Mo

Y TO PERSON DIVITED BY THE PROPERTY OF THE COMMON TO THE PERSON OF THE P

(1-50	0 68	038	BALTIMORE CITY	HEALTH DEPARTMENT	1/	68 0388
DID	TH NO.	00	000	CERTIFICA	TE OF DEATH	REG NO	0000
1. N	AME OF DEC	EASED ILLIAM GAHAN				AND HOUR OF DEATH	
			LOUIL.			,	a.m
		TIMORE, MARYLAND, W			A. STATE B. COL		ndel
HO	LL NAME OF SPITAL OR STITUTION	ADDRESS OR LOCA	ATION)	JTION, GIVE STREET	c. CITY OR TOWN Glen Burnie		IDE CITY LIMITS?
1	MONTE	BELLO STATE	HOSPITA	т.	E. STREET AND NUMBER		YES NO X
/ /	, MONTE,	DELLO DIAIL	HOOL LIA		1423 Hought	on Road	52.00
5. S	EX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost billings)	If Under 1 Ys. If Under 24 Hrs. Months: Doys Hours Min.
M	lale	White	WIDOWED	DIVORCED	0/2//	יועפיוןייט	
			108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
S	alesman		R	etired	Baltimore,	Md.	USA
13. 1	FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	
Jo	seph F	Gahan			Theresa NcN	asky	
S. V	Was Deceased	Ever in U. S. Armed For Officer or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	110			212-10-2426	Hester H. G.	ahan, same as	a /.
	18. 162.	1 1		CAUSE OF DEATI	1	CITCHIA DOUBLE CIT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	rise to the UNDERLYING	OR CONDITIONS, if a bave cause (A) G CONDITION last.	stoling the	(c)			g 2½ Years
CATION	TO THE DEAT	TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR	HE TERMINAL				***************************************
RTIFIC/			DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CAL CEI	OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF		e, farm, factory, street, of	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimor	re City, give exoct locotion)
	21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Yeo)		tNJURY OCCURRED ite At Not While the At Work	21F. HOW DID II	NJURY OCCUR?	
	22. I certify	that (1) (this haspital	attended th	he deceased from	12-5	19 6 7 ta /	-11 1968
		last saw the decease					nian deoth occurred an the date
			red abave. (1	(We) (did) (did nat) v	iew the body after death	1.	
	23A. SIGNATU	IRE A A A	11				23B, DATE SIGNED
	1//	ichnel & L	Layes	Atte Phys	nding Med. Director	Staff Phys.	1-11-68
	23C. PHYSICIA NAME (T	ype)	9	GEOREE	23D. ADDRESS	8 L do 6/2	0
24A	BURIAL CRE	MATION, 248. DATE	14A 1ES 24C.NA	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	ity, town, or county) (State)
25.4	Burial	1/13/6		len Haven Mem	orial Park	Glen Burnie,	Md. ADDRESS
25A	JAN 15	1968 Poleus	258 NAME C				Len Burnie, Mi
10	150 BEV 1/1/	4.0					



BALTIMORE CITY HEALTH DEPARTMENT

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ST. AGRES ROSPITEL BLADELS

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68 0391 BALTIMORE CITY HEALTH DEPARTMENT

68 0391

BIR	ITH NO.		MEL	ICAL		AMIINER 3	CKIIII	CATE	DEATE	REG. N	10		
1.	NAME OF DEC	EASED		e'.			2. DATE	Known	Manth	Day	Year	Hour	
(Ty1	pe ar Print)		JOHN	MUCH	A		OF DEATH	Estimated	□ January	11,	196	8	М.
4.	PLACE IN BALT						3. DATE	UNICED DEAD	Manth	Day	Year	Haur	
HO	L NAME OF SPITAL INSTITUTION	(IF NO ADDRE	T IN HOSPITA	AL OR INST	TUTIO	N, GIVE STREET		ESIDENCE (W	January There deceased live	11,	1968		O P. M.
		1820	Dover	Stree	t		A. STATE	Marylan		COUNT	Y	111-	04
6.	SEX	7. RACE		8. MARR	IED 🗌	NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE	CITY LIMITS	17	
	Male	Whi	te	WIDOW	ED 🗌	DIVORCED		Baltimo	ore		YES X	NO [1
9.	6-15-19		10. AGE (last birthda 70	years y)		er 1 Yr. If Under 24 Hrs. s Days Haurs Min.	E. STREET	AND NUMBER		de			
11.	BIRTHPLACE (S				12. CI1	TIZEN OF	13. FATHER		over Stree	3 [
	Baltimo	re, Ma	ry land		U.	S.A.				lucha			
14A dan	.USUAL OCCUI	PATION (Giv	e kind af wark en if retired)	148. KIND	OF BU	JSINESS OR INDUSTRY	15. MOTH	R'S MAIDEN	NAME				
	Retired							Unknow	'n				
16. (Ye	WAS DECEASE s, na ar unknawn)	O EVER IN	U.S. ARMEI	FORCES)	7. SOCIAL SECURITY NO.	18. INFOR	MANT			ADDRESS		21223
Ĺ					2	217-14-3290A	Mr. 1	1ichael	E. Campbe	11, 1			
	19. 4/3	191				CAUSE OF DEA	тн					WEEN ONSE	T AND DEATH
	DISEASI	OR COND	ITION DIRE	CTLY									
		EADING TO				(A)IMMEDIATE C	AUSE A	rteriosc	lerotic o	ardic	ovascu1	ar di	sease
	(This daes no heart failure, injury ar cam	asthenia, etc	. It means the	disease,		DUE TO, OR	AS A CONSE	QUENCE OF:					
	DISEASES C	NTECEDENT		COLVING		(B)	AS A CONSI	QUENCE OF:					
	RISE TO THE	ABOVE CA	USE (A) STA	TING THE									
2	UNDEREIN	G CONDII	IOIT LAST.			(C)							
CERTIFICATION	OTHER SIGN TO THE DEA												
H	DISEASE OR	CONDITION	GIVEN IN P.	ART 1 (A).									
H.	20A. DATE OF	OPERATIO	1 208. COI	NOITION	FOR W	HICH OPERATION W	AS PERFOR	MED			21. AUT	OPSY? (Ye	s ar Na)
	0											No	
EDICAL	UNDERLYING		TRIB-			ACE OF INJURY (e.g., farm, factory, street, affic				City, give	exact lacation)	
ĮΣ	22D. TIME (ay) (Yea	r) (Haui	7) 221	E.INJURY OCCURRED		22F. HOW DIE	INJURY OCCU	₹?			
	OF INJURY (APPROX.)						WHILE ORK						
	23.	ify that I h	eld an 1	nguiry [Inspection X Au	tapsy 🗍	and that	on this basis, d	eath in	my aplnion		
	result	ed from:N	latural cau	ses X	Ac	cident Suicid	le 🗌 H	amicide 🗌	Undetermin		er 🗌		
	ACTUAL	0	le 1	1.		P. A			AL EXAMINER	many		DATE SI	GNED
	SIGNATU		1	30	, <	M.D			1	X			
	EXAMINI NAME (T	ype)		$S. S_1$		igate, M.D.			CAL EXAMINER	J Ja	nuary	11, 19	968
	A. BURIAL CREA MOVAL (Specif		24B. DATE		24C	NAME of CEMETERY	or CREMAT		24D. LOCATION		tawn, ar caunt		State)
	Burial		1-15-			Lorraine Pa	rk Cem		Baltimore	Cour		rylan	d
25	A. DATE REC'D	BY HEALTH				OF REGISTRAR		FUNERAL DIR			ADDRESS		07.000
	79. 19	C11 4 7	1000	00	B 8	. Farbey MA	Но	ward H.	Hubbard,	4107	Wilken	s Ave	. 21229
VS	151-REV. 1/1/68	10 1 L	1,70	3									-

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BALTIMORE CITY HEALTH DEPARTMENT

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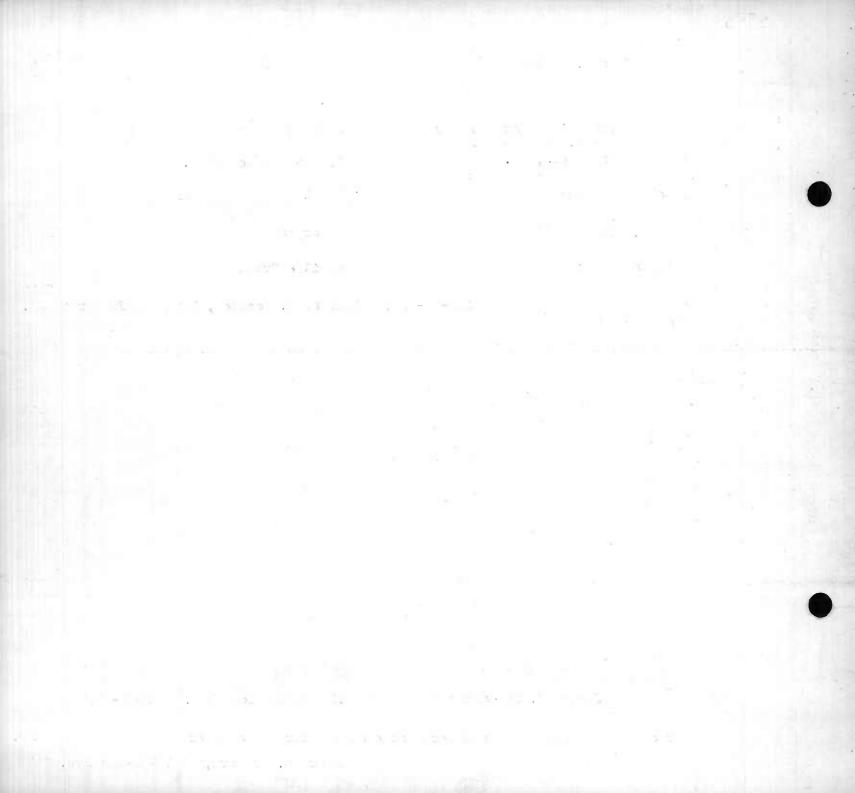
ST. ASKES MOSSITAL RESOLUTE

CT. ABMES IDSP; SATUR - MILITERS AVES.

68 0393 BALTIMORE CIT	Y HEALTH DEPARTMENT REGINO 68 0393
BIRTH NO. CERTIFICA	ATE OF DEATH REGINO. 00 0000
1. NAME OF DECEASED (Type or Print) GRILL, PHILIP AX, AUGUST	, SR. 01/11/68 8:15 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARY LAND C. CITY OR TOWN D. INSIDE CITY LIMITS?
INSTITUTION	D. INSIDE CITY LIMITS? PALT MORE D. INSIDE CITY LIMITS? YES \[\sqrt{NO} \sqrt{NO} \]
40 ST AGNES HOSPITAL	E. STREET AND NUMBER 5211 SHELBOURNE ROAD 21227
MALE WHITE WIDOWED DIVORCED	07/18/85 9. AGE (In yeors of Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired) ATTORNEY	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR MARYLAND USA
GRILL, WILLIAM H.	14. MOTHER'S MAIDEN NAME MIMMIE OTTO
5. Was Deceased Ever in U. S. Armed Forcas? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	55 ST AGNES RECORDS-WILKENS & CATON AV
DISEASES OR CONDITIONS, if ony, giving lise to the obove cause (A) stoling the UNDERLYING CONDITION lost.	SA CONSEQUENCE OF: SA CONSEQUENCE OF:
U A A A / II O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	100 A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not Work At Work	21F. HOW DID INJURY OCCUR?
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on JANUARY 11 and hour and from the couses stated above. (I) (We) (did) (did not)	9 19 68 ond that in(my) (our) opinion death accurred on the do
23A. SIGNATURE	23B. DATE SIGNED
The desired of Degree Ph	A 01/11/00
23C. MYSICIAN'S NAME (Type) HAROLDJ.CAMPBELL, MD	23D. ADDRESS 2
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of CI	REMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 1/15/68 Loudon Park Ce	metery Baltimore Md.
- A 7 0 45	Howard H. Hubbard, 4107 Wilkens Ave. 21229

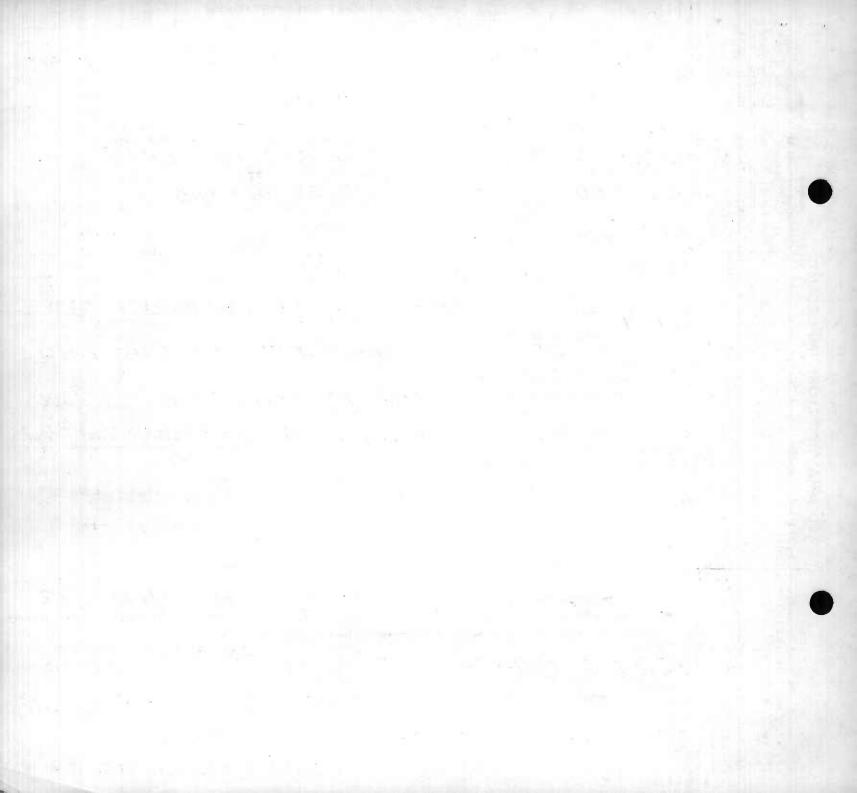
NAME OF A STREET PARTY OF A STREET ASSESSED A TENTON OF A THE

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FUNERAL DIRECTOR: IMPORTANT

1-000	68 (395 CEDTIFICA		REG. NO.	
BIRTH NO.	00 0	CERTIFICA	TE OF DEATH	KEG. 140	_
Type or Print)	71161	UID	2. DATE AN	D HOUR OF DEATH	11-20
3. PLACE IN BALTIMORE, M.	UTL 11	TE/T	4. USUAL RESIDENCE (When	c/68	titution; residence before odmissi
3. PLACE IN BALIIMORE, M.	ARILAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUN	TY	monon, residence before samissi
HOSPITAL OR ADDR	T IN HOSPITAL OR IN	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D INICIA	DE CITY LIMITS?
CINIDI HOS	PITTAL O	F	BAITIMOR	E D. HASIL	YES NO
3/1/1/11/102	= 1410		E. STREET AND NUMBER	FOUNTAINVIEW	
DHLTIMOR	t INC	/	3618 FO	KDS LI	PUE #21215
6. RACE	7- MAR	RIED NEVER MARRIED	B. DATE OF BIRTH 197	9. AGE (In years Fost birthdoy)	If Under 1 Yr. If Under 24 H
MALE CA		WED DIVORCED	12/25/XX	70 XXXXXX	
IOA. USUAL OCCUPATION (Giden on the distance of the distance o		ID OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUN
RETIRE	>	MERCHANT	RUSSIA		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	ME	
LAEB THEA			UNKNOWN		
5. Was Deceosed Ever in U. (Yes, no or unknown) (If yes, giv		vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	2 2 23103 01 3011	218-32-4161	MRS. ANNA THEA.	3618 FORDS	LANE #21215
18.410,9	1	CAUSE OF DEAT		3010 10105	APPROXIMATE INTERV
	cause (A) stoting	the	DIAL ARRIT	YTHMIA y 4 PVLMON	ARY ETTER 6 HOUR
DISEASES OR CONDITION THE ADDRESS OF CONDITION OF CONDITI	NT CAUSES TIONS, if ony, grause (A) stoting ON last. DITIONS CONTRIBUT RELATED TO THE TERM!	the (c).MYDCA		YTHMIA y 4 PVLMOM	ARY ETTERS 6 HOUR
DISEASES OR CONDITION TISE to the above UNDERLYING CONDITIONAL AND A SECONDITIONAL AND	NT CAUSES TIONS, if ony, g cause (A) stoting ON last. DITIONS CONTRIBUT RELATED TO THE TERMI GIVEN IN PART 1 (A).	ING NAL			
ANTECEDE DISEASES OR CONDITIONS to the above UNDERLYING CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING DEATH (notify medical ex	NT CAUSES TIONS, if ony, grays (A) stoting ON last. I DITIONS CONTRIBUT RELATED TO THE TERMI SIVEN IN PART 1 (A). N 198. CONDITION WAS PERFORMED NDERLYING AUSE OF	ING NAL	20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE F IN CERTIFYING CAL	
ANTECEDE DISEASES OR CONDITION THE ALL AND THE ALL A	NT CAUSES TIONS, if ony, grays (A) stoting ON last. DITIONS CONTRIBUT RELATED TO THE TERMI SIVEN IN PART 1 (A). N 198. CONDITION WAS PERFORMED	ING NAL FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, c.g., home, foct	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE F IN CERTIFYING CAL (If in Boltimore	ISES OF DEATH?
ANTECEDE DISEASES OR CONDITIONS to the above UNDERLYING CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION (19.4. DATE OF OPERATION OR CONTRIBUTING CADE OF CONTRIBUTION CADE OF CADE OF CONTRIBUTION CADE OF CADE O	NT CAUSES TIONS, if ony, g cause (A) stoting ON last. DITIONS CONTRIBUT RELATED TO THE TERMI SIVEN IN PART 1 (A). N 198. CONDITION WAS PERFORMED NDERLYING AUSE OF Ominer	ing NAL FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, cetc.) 21E. INJURY OCCURRED While At Not Whi	20 A. AUTOPSY? (Yes or No No O In or obout 21 C. WHERE DID INJURY OCCUR?	20B. IF YES, WERE F IN CERTIFYING CAL (If in Boltimore	ISES OF DEATH?
ANTECEDE DISEASES OR CONDITION THE DEATH BUT NOT DISEASE OR CONDITION OTHER SIGNIFICANT CON TO THE DEATH BUT NOT DISEASE OR CONDITION 21A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medical ex OF INJURY (APPROX.)	NT CAUSES TIONS, if ony, grouse (A) stoting ON last. I DITIONS CONTRIBUT RELATED TO THE TERMI SIVEN IN PART 1 (A). N 198. CONDITION WAS PERFORMED NDERLYING AUGUST OF OMINER) Doy) (Year) (Hour)	TING NAL FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 21E. INJURY OCCURRED While At Not While Work	20 A. AUTOPSY? (Yes or No No O O O O O O O O O O O O O O O O O	OPERATOR OF THE PROPERTY OF T	ISES OF DEATH?
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IMPORTANT

FUNERAL DIRECTOR:

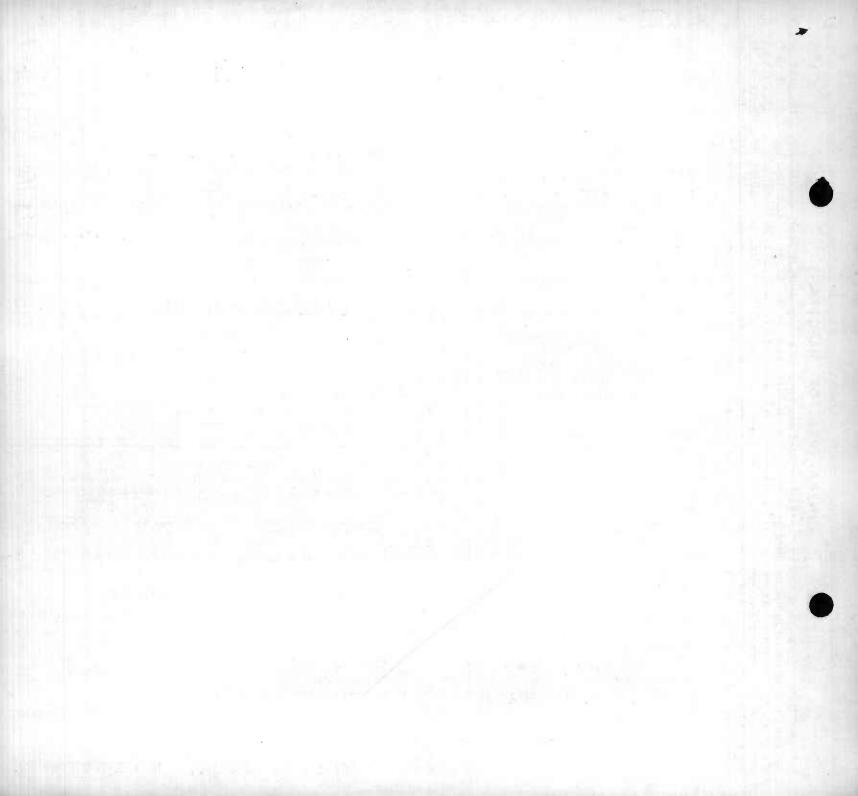
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BALTIMORE CITY HEALTH DEPARTMENT

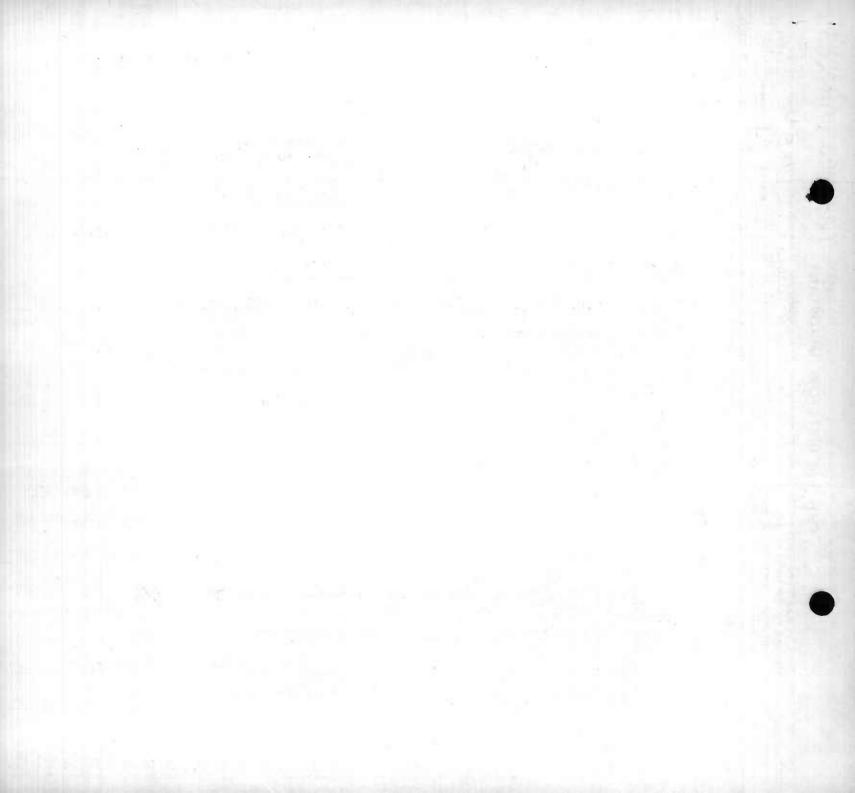


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D. INSIDE CITY LIMITS? YES X NO If Under 1 Yr. II Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS HGHTS BETWEEN ONSET AND DEATH IN CERTIFYING CAUSES OF DEATH? (II In Boltimore City, give exact location) and that in(my) (our) apinian death accurred an the date (City, town, or county) ADDRESS LEVINSON & BROS. 6010 REISTERSTOWN

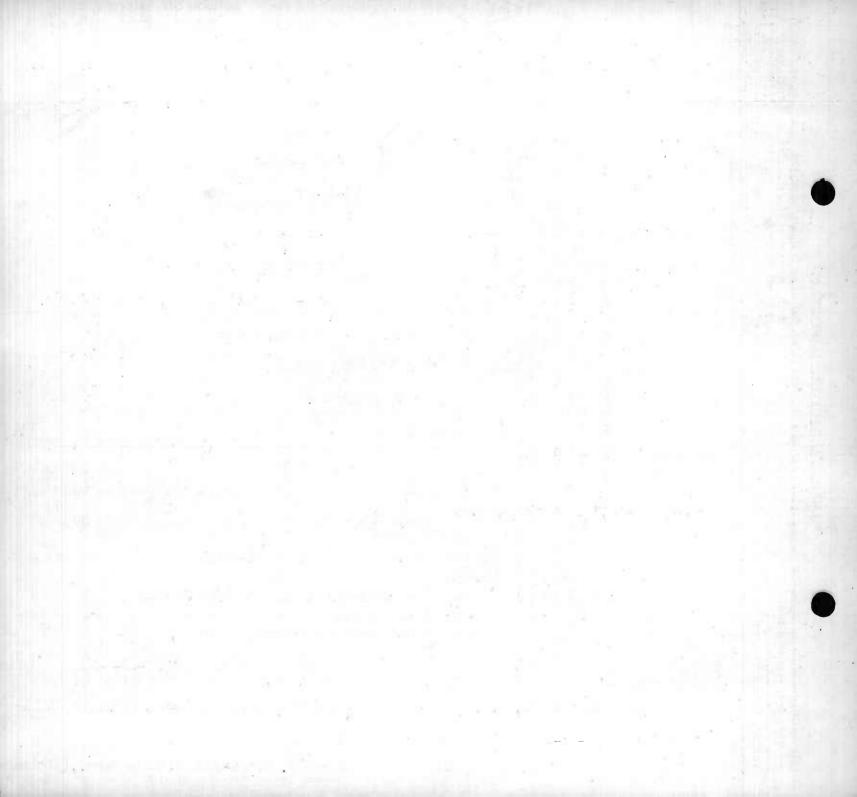


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	H NO.				CLKTIIICA	VIL O						
	ME OF DECE.	Joseph	G	rins E	(der		2, DATE	1:49	Aly	1/14	68	M.
3. PL	ACE IN BALTI	MORE, MARYLAND, W	HERE PRO	NOUNCED	DEAD	4. USU/ A. STAT	E B. CO	Vhere deceased	l tived. If in	stitution: re	sidence befo	ore admission)
FILL	L NAME OF	(IF NOT IN HOSPIT	AL OR IN	STITUTION	GIVE STREET	XX	WARYL	AND				
HOS	PITAL OR	ADDRESS OR LOCA	TION)	3111011011,	GIVE SIKELI	C. CITY	OR TOWN	7440	D. INSI	DE CITY LI	MITS?	
	11011011						BALTIMOR	E		YES -	- NO	
17.		- 11	,	, 31		E. STRE		Bruch a	21	,	1.1	
~		SNAI HOS	pita				XXXXXXXXXX	צוקוי	. A	17	14-	01
5. SE	X	6. RACE	7. MARR	IED NE	VER MARRIED	B. DATE	OF BIRTH	9. AGE (In	years	If Under	1 Yr. If Days Hau	Under 24 Hrs.
K	TALE	SWHITE	WIDOV		DIVORCED	1 3	2/29/9/2	last birthdo	41	Months	Days	ors Min.
10A, I		PATION (Give kind al work				11. BIRTI	HPLACE (State or	foreign country)		12. CITIZ	EN OF WH	AT COUNTRY?
done		arking tife, even if retired)				211.	F# 1100F 11	tout tue				
12 6	LAWYER ATHER'S NAM			LAW		BAL	FIMORE, M	AKYLAND		L	1.S.A.	
						14. MOI	HEK.2 MAIDEN	NAME				
	Solomo	n Grinsfelde	r				OLGA					
15. W (Yes,	os Deceased	n Grins felde Ever in U. S. Armed Far (If yes, give war ar date	ces? s of servi	1 6. SC	CURITY NO.	17. INFO	RMANT				ADDRESS	
	'ES	W.W. I A			-38-0060	MD I	MELVIN SY	KES 614	SIMIMA	EV RIT	OG #1	21202
_	B. ,	W . W . A . A	ICIVI 3		CAUSE OF DEAT		MELVIN 37	125, 010	MICHA		APPROXIMA	TE INTERVAL
	DISEASE	OR CONDITION DI	RECTLY				2			В	ETWEEN ON	SET AND DEATH
		EADING TO DEATH			(A) IMMEDIATE CA	iles (Ussemin	reted		20.0	Roth	non
	(This does no	I meon the mode of	dying,	e.g.,	DUE TO, OR AS	A CONSE	QUENCE OF:	/	,			
	neon tallure, c	sthenio, etc. It meons	death.)	ase,			Carel	Worla 17.	212			
	A	NTECEDENT CAUSES			12 ~	1 1 10-	CH	01	24			
	DISEASES OF	R CONDITIONS, if	any air	vina	(B) DUE TO, OR AS	A CONS	EQUENCE OF:	(Co-Co				
		obove cause (A)										
	UNDERLYING	CONDITION last.			(c)							
-	153.8	II II					-0.7					
		CANT CONDITIONS CO										
AT	DISEASE OR CO	NDITION GIVEN IN PAR	T 1 (A).									
CERTIFIC	9A. DATE OF	OPERATION 198. CON	FORMED	OR WHICH	OPERATION	20A.	AUTOPSY? (Yes or		IFYING CA	USES OF D	CONSIDER	ED
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<	OR CONTRIBUT	T WAS UNDERLYING	1	hame, larm	OF INJURY (e.g., factory, street, a	office bldg.,	INJURY OCCUR	? (11	t in Baltimor	re City, give	exact locati	ion)
U	DEATH (natify	medicat examiner)		etc.)								
MEDI	DF INJURY	(Manth) (Doy) (Year)	(Haur)		RY OCCURRED		21 F. HOW DID	INJURY OCCU	J R?			
2	(APPROX.)			While At Work	Not Whi							
1 2	22 Leastifu t	hat (I) (this hospital) attend			17	1/8	1967	10 /	1/11		1968
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	3						98 and		Jour) api	nian aear	n accurred	an the date
		fram the causes stat	ed abav	e. (I) (We)	(did) (dld nat)	view the	bady after dea	th.		LOOP DAY	FASIONED	
2	3A. 5IGN ATUR		711		Δ46	ending 🦳	Med -	C Hell	-	23 B. DAT	ESIGNED	
	le	ebendo	1/5	- 1	DEGREE Phy	ys.	Director	Staff Phys.		//	168	
2	NAME (Ty	rs pe)				23 D. ADD	PRESS					
		RICHARD .	T. BA	N	Accer	S	INAI HOSP	ITAL				
24A.	BURIAL CREM	AATION. 24B. DATE	24	C. NAME of	CEMETERY of CR	EMATORY	240	LOCATION	(C	ity, town, a	r county)	(State)
	BURIAL	1-12-6	8	BALTIM	ORE HEBRE	W		BALTIMO	DRE. M	ARYLAN	ID	
25A.	DATE REC'D	BY HEALTH DEPT.	25B. NA	ME OF REG	ISTRAR	25C.	FUNERAL DIREC	TOR			ADDRES	
	JA	N 1 5 1968 (P. Due.	56.4	Balley Fred	SO	L LEVINSO	N & BROS	S., 60	10 RET	LSTERS	TOWN RV.
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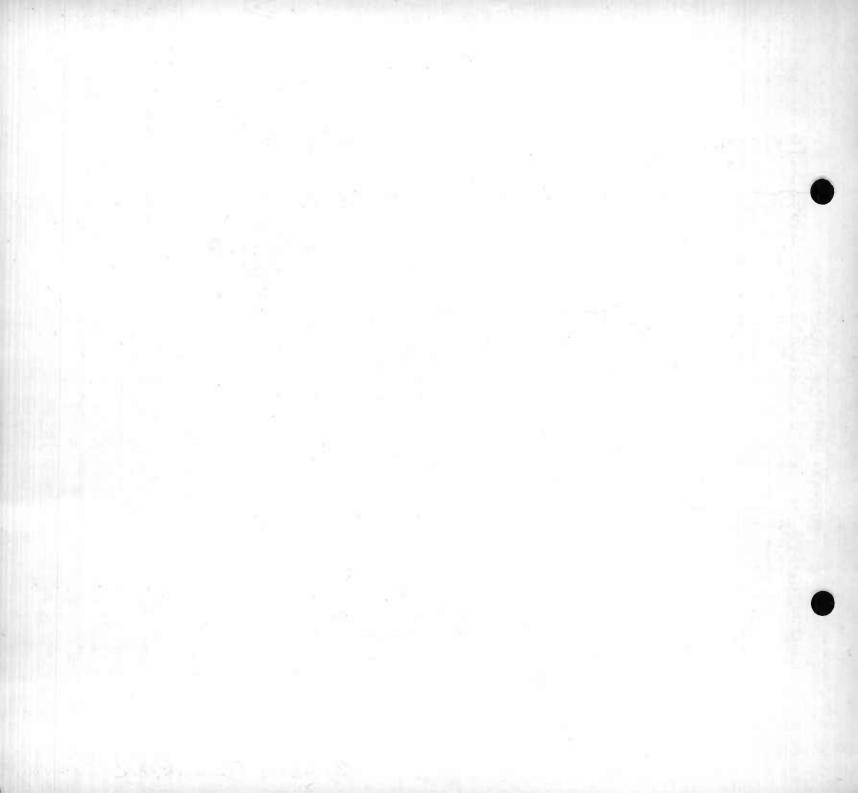
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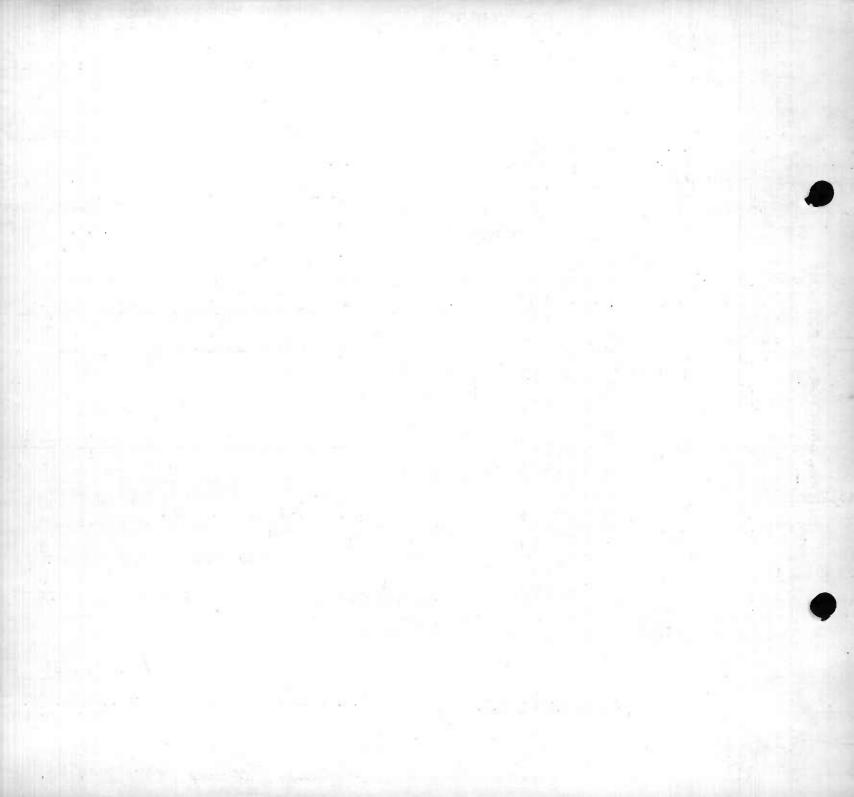
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1	BALTIMORE CITY HEALTH DEPARTMENT
,	CERTIFICATE OF DEATH REG. NO. 68 0401
	BIRTH NO. 1, NAME OF DECEASED 2, DATE AND HOUR OF DEATH
	Type of Print) MAS. ANGELINA TRIKERIOTIS Jan. 8-1968 1015
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before odmi.
	7. Call (+ 1) = 6
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Balto. MV. YES NO
	Bon secous Hospital E. STREET AND NUMBER
	Bon Alcours Hospital
6.30	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Months; Doys Hours; M
	F WIDOWED DIVORCED 1-3-90 78
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COU
ľ	11 . C. C
1	13. FATHER'S NAME
	ANThomas Kateanie Stamatoulary
1	5. Was Deceased Ever in U.S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
-	Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Emmanuel Trikeriotis
	No None 700 S. Oldham St. Baltimore Md
	18.427,0 1 188 CAUSE OF DEATH
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH (A) IMMEDIATE CAUSE
l	heart failure, asthenia, etc. It means the disease,
ı	injuly or complication which coused death,) ANTECEDENT CAUSES And multigranity of bladder.
	(B)
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
	rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. (C)
	_ 434,/ II
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
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I	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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	U 21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR?
	DEATH (notify medical examiner) etc.)
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	that (1) (we) lost sow the deceased alive on the source on the source on the source on the source of
	and hour ond from the causes stoted obove. (1) (We) (did) (did nat) view the body ofter deoth.
	23A. SIGNATURE Attending Med. Stuff (7)
	Mohamade 17.10 Attending Med. Staff Director Phys. D 1-8-68
	23C. PHYSICIAN'S NAME (Tune) 23D. ADDRESS
	MaHHMHOI P.S.H
100	DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (St
	REMOVAL (Specify) 1/10/68 Greek Orthodox Cometery Bultimore, Md.
1	Burial 1/10/68 Greek Orling & Comercity
-	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REDISTRAR 25C. FUNERAL DIRECTOR 4 302 ADDRESS
-	Median Tanua Frank (April)
í	15 150-REV. 1/1/68 Boltimore, Md





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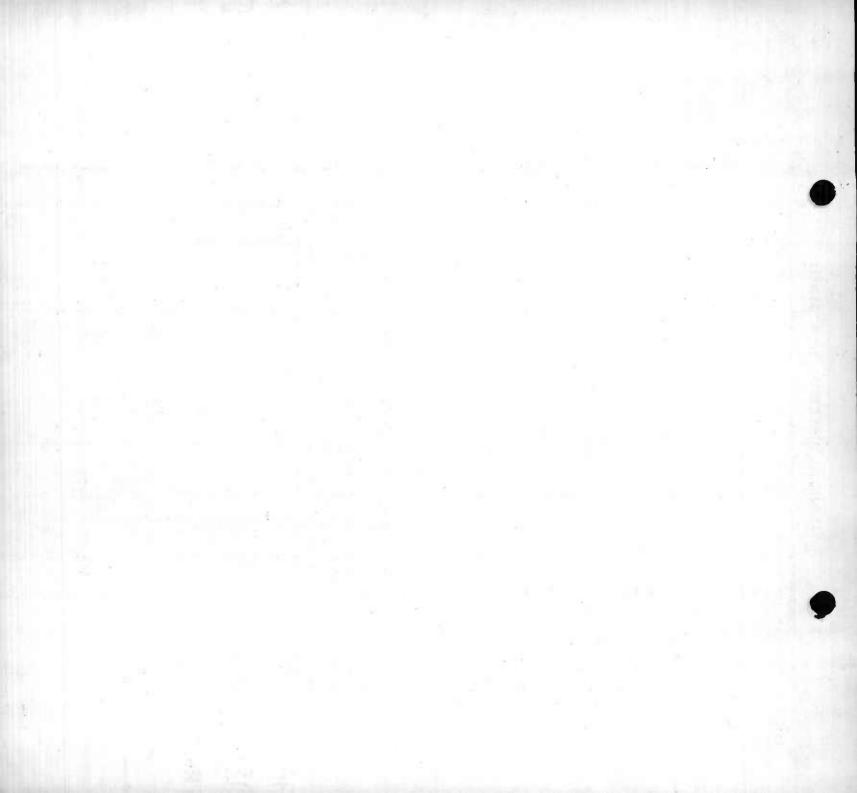
BIR	H NO.	M	EDICAL	EXAMINER'S	CERTIFI	CATE OF	DEATH	H REG. NO	68	040	3
1. 1	AME OF DEC	SE L		JONES	2. DATE OF DEATH	Known Estimated	Month Janua	ry 11,	1968	6:50	P. M.
FULI	NAME OF		SPITAL OR INST	ONOUNCED DEAD ITUTION, GIVE STREET	3. DATE Month Doy Yeor Hour 6:50 P.						
ORI	HSTITUTION 4	ST. AGNES	S HOSPIT	AL	A. STATE	esidence (Where Maryland	6	ed. If institution in the country		before odmi	0.
6. \$	Ex / Female	7.RACE White	8. MARRI WIDOW	ED NEVER MARRIED DIVORCED	C. CITY OR	TOWN Caton	sville		YES	° 3 No □	-00
9. D	3-28-18	lost bi	SE (In years rthdoy) 81	If Under 1 Yr, If Under 24 Hrs. Months, Doys, Hours, Min.		Nursing F	315 Ing Home	leside	Ave.	Catons	ville
11. BIRTHPLACE (Stote or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER			odfie	ld				
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR' dane during most of working life, even if retired)						Nettie	ME				
(Yes	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 19. CAUSE OF DEA					n Funeral	Home,				La, Pa L7540
ATION	(This does not heart failure, injury or com AN DISEASES C RISE TO THE UNDERLYIN	IEADING TO DEAT of mean the mode osthenia, etc. If mea plication which couse ITECEDENT CAUSE OR CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LA II	of dying, e.g., ns the diseose, ad deoth.) S FANY, GIVING) STATING THE	(B)(C)	AS A CONSEC						
CERTIFICATION	DISEASE OR	TH BUT NOT RELATE CONDITION GIVEN	IN PART 1 (A).	FOR WHICH OPERATION W	AS PERFORM	IED				OPSY? (Yes	or No)
MEDIC	UNDERLYING UTING CA 22D. TIME (NAL CAUSE WAS OR CONTRIB- JSE OF DEATH. Month) (Doy)	(Yeor) (Hour	22B. PLACE OF INJURY(e.g., home, form, foctory, street, office) 22E. INJURY OCCURRED	ce bldg., etc.) I	22C. WHERE DID (NJURY OCCUR?					
24A REA	ACTUAL SIGNATU EXAMINI NAME (T BURIAL CREM TOVAL (Specifical)	R'S V ype) AATION, 24B. DA y) 1-1	Inquiry Causes X Verner V	Inspection Action Suici Spltz, M.D. 24C. NAME of CEMETERY Upper Seneca	ASSI ASSO or CREMATO	CHIEF MEDICAL E STANT MEDICAL E DCIATE MEDICAL E DRY 24D. Cem D	Undetermin EXAMINER EXAMINER EXAMINER LOCATION	(City, to	1- wn, or count	DATE SIG 12-68 y) (St	NED
	51-REV. 1/1/68	BY HEALTH DEPT		AME OF REGISTRAR		ard H. Hu		4107	ADDRESS Wilken	s Ave.	21229

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0 040	BALTIMORE CITY HEALTH DEPARTMENT	CO	DAO
MEDICAL	EXAMINER'S CERTIFICATE OF DEATH	00	040

BIRTH NO.		MILD	ICA	L LX	AMIITERO	CERTII	CAIL	I DEAT	REG. NO.		_	
1. NAME OF DEC			****			2. DATE	Knawn 🗌	Month	Doy	Yeor	Hour	
		HN H.				OF DEATH	Estimoted					M.
4. PLACE IN BAL						3. DATE	UNCED DEAD	Month	Doy	Yeor	Hour	_
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRES	S OR LOCA	TION)	SINUNO	I, GIVE STREET			Januar		1968	9:19	P. M.
		Light	t Str	eet		A. STATE	Maryla		B. COUNTY		72	
6. SEX Male	7. RACE White		B. MAR	RIED 🗌	NEVER MARRIED	C. CITY O	RTOWN Balti	na na	D. INSIDE CI		17	U
		10.105/		WED _	DIVORCED				YE	s 📉 🕻	NO 🗌	
9/10/01		10. AGE (II last birthdo 66		Months	er I Yr. If Under 24 Hrs. Doys Hours Min.	E. SIKEEL	1700		waat			
11. BIRTHPLACE (S	State or foreign			12. CIT	IZEN OF	1708 Light Street						
Baltimo	ore. Mo	3.		WH	USA COUNTRY?	Fred	lerick	G. Wint	are S	79		
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)			Y 15. MOTH	ER'S MAIDEN	NAME	, , ,	-					
Labor		n rrenrea)	Mi	isce	11.	Will	nelmina	M. Sch	uerhol	Z		
16. WAS DECEAS	ED EVER IN U	S. ARMED	FORCE	52 1	SOCIAL SECURITY NO.	18. INFOR				DDRESS		Md.
(Yes, no or unknown)	W. Yes, Tarin	II	01 361110	7 2	17 07 619	4 Mrs.	Shirl	ey M Sc	utherl	and	Pasad	ena,
19. CAUSE OF DEATH									1	WEEN ONSET	NTERVAL	
DISEAS	E OR CONDIT	ION DIRE	CTLY							- 10		
	LEADING TO				(A)IMMEDIATE	CAUSE Bi	lateral 1	oronchop	neumonia	1		*********
heort foilure	not meon the n e, osthenio, etc. mplication which	It means the	diseose,		DUE TO, OR	AS A CONSE	QUENCE OF:					
IIII OTY OF COT	inplication which	consed de	JIII.)									
	NTECEDENT C				(B) Fatty	metamo	orphosis	of live	r			
RISE TO THE	OR CONDITIO	SE (A) STA	TING THE	E	DUE 10, OK	AS A CONS	EQUENCE OF:					
Z	NG CONDITIO	ON LAST.			(c)							
E 58/X	USICANIT CON		ONITRIDI	ITINIC								
O THE DE	ATH BUT NOT	RELATED TO	THE TERM	MINAL								
	F OPERATION				HICH OPERATION W	AS PERFOR	MED			21. AUT	OPSY? (Yes	or No)
8												
Z2A. EXTER	NAL CAUSE V	VAS		228. PL	ACE OF INJURY(e.g.	, in or obout	22C. WHERE D	ID (If in Boltimos	re City, give exc	ct locotion	Yes	
	OR CONT			home, f	orm, foctory, street, offi	ice bldg., etc.)	INJURY OCCU	R?				
≥ 22D. TIME			r) (Hou	ur) 22E	INJURY OCCURRED		22F. HOW DID	INJURY OCCU	JR?			
OF INJURY (APPROX.)				m. WH		T WHILE WORK						
23.												
l cert	tify that I he	ld on I	nquiry		nspectionA	utopsy X	and that a	n this basis,	death in my	opinion		
resul	ted fram: No		ses X	Acc	ident Suici		lomicide		ned monner			
ACTUAL	(3)	0.	0		4			AL EXAMINER			DATE SIG	SNED
SIGNATI		and of	٦,	7	m. M.	D. ASS	ISTANT MEDIC	AL EXAMINER	LXI			
EXAMIN NAME (1		arles	S. S	prin	gate, M.D.	ASS	OCIATE MEDIC	AL EXAMINER	Janu	uary 1	11, 19	68
24A. BURIAL CREE		B. DATE	ML F	24C.	NAME of CEMETERY	or CREMAT	ORY 2	4D. LOCATION	(City, town	, or count	y) (Si	tote)
Burial	Ľ'	1/15/	68	В	altimore	Nation	al	Baltim	ore. M	d.		
25A. DATE REC'D	BY HEALTH D	EPT.			F REGISTRAR		FUNERAL DIR			DDRESS		
	JAN 15	1968	020	10. 15	2 Falling	Jo	HN F.	DENNY,	INC. 7	15 T	ight	St.
			140%	MA				- ·			-0-1	

in department of the second of the second



68 0406

BIRTH NO.	MEI	DICAL EX	CAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO		0 200
1. NAME OF DEC	CEASED			2. DATE	Knawn 🙀	Month	Day	Year	Haur
(Type or Print)	LOUIS	3	KARPEWICZ	OF DEATH	Estimoted	1	8	68	8:20 AM
4. PLACE IN BAI	TIMORE, MARYLAND,	WHERE PRONC	DUNCED DEAD	3. DATE	UNICED DEAD	Month	Doy	Yeor	Haur
FULL NAME OF HOSPITAL	(IF NOT IN HOSPI ADDRESS OR LOC		ON, GIVE STREET		UNCED DEAD	1	8	68	8:20 AM
OR INSTITUTION				5. USUAL F	RESIDENCE (Where		ed. Il institutio B. COUNTY	in: residence l	belare admission)
		RA STREET			Maryland				timore
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OF			D. INSIDE C	ITY LIMITS?	160
Male	White	WIDOWED			Baltimore		Y	ES X	No 🗌
9. DATE OF BIRT	H 10. AGE (aw) Mant	nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.	E. SIKEEI	AND NUMBER	a .			01001
10-31	-00 5	?	ITIZEN OF	13. FATHER	624 Umbra	Stree	t, Balt	imore	21224
Par			VHAT COUNTRY?	IS. PATHER	S NAME	,	/		
Jenn=	PATION (Give kind of wor	114B KIND OF	U. S. A. BUSINESS OR INDUSTR	VIIS MOTHE	P'S MAIDEN NAM	droc	WICZ	~	
	working lile, even if retired		-/	Ah	of Bei	a R	1/40		
16. WAS DECEAS	ED EVER IN U.S. ARME	D FORCES?	17. SOCIAL	18. INFOR	ANT TARAM		A	ADDRESS	
	(If yes, give war or date:		SECURITY NO. 213-07-5859	Mrs.	Andsta:	SIDK	a rac wi	CZ	11-
19.	0		CAUSE OF DEA	TH AZ	TUMBR	3 57	Pal		PROXIMA E INTERVAL
4	7 1	FC-11/	Arterios	clerat	ic cardiov	accula	r disea		EEN ONSET AND DEAT
	E OR CONDITION DIR	ECILY			ic cararov	ascara	1 01360	36	
(This does n	nat mean the mode of d	ying, e.g.,	(A) IMMEDIATE O	AS A CONSEC	QUENCE OF:	************			
	mplication which caused de								
A	NTECEDENT CAUSES		(p)						
DISEASES	OR CONDITIONS, IF AN		(B) DUE TO, OR	AS A CONSE	QUENCE OF:				
UNDERLYII	NG CONDITION LAST.	AIING INE	(C)						
P 422,1	11		() /						
OTHER SIGN	NIFICANT CONDITIONS (
DISE ASE OF	CONDITION GIVEN IN	PART 1 (A).							
20A. DATE O	F OPERATION 208. CC	NDITION FOR	WHICH OPERATION W	AS PERFORI	MED			21. AUTO	PSY? (Yes or Na)
0									No
UNDERIVING	NAL CAUSE WAS	22B. F	PLACE OF INJURY (e.g., , form, factory, street, affice	in ar about e bldg., etc.)	22C. WHERE DID INJURY OCCUR?	(If in Boltima	e City, give ex	oct lacation)	
	(Month) (Doy) (Yes	(U) 12	ZE. INJURY OCCURRED		22F. HOW DID IN	HIPV OCCI	ID2		
OF INJURY	(Month) (Doy) (Ye			WHILE	ZZI. HOW DID III	JUNI OCCI	JK:		
(APPROX.)		m. V	ORK ATV	VORK					
	tify that I held on	Inquiry	Inspection Au	topsy	and that on the	his bosis.	deoth in my	oplnion	
	ted from: Natural ca		ecident Suicio				ned monner		
16301	/		301611	46 <u> </u>	CHIEF MEDICAL E				
ACTUAL	INDIVY A 1 % I		2	ASS	ISTANT MEDICAL E		X		DATE SIGNED
SIGNAT		1	M.C	ο,	OCIATE MEDICAL E				
	Type) WERNER U.	SPITA	M.D.	MJJ	DOME MEDICAL I	- COMMINER			1-8-67
24A. BURIAL CRE	MATION, 24B. DATE		C. NAME of CEMETERY	or CREMAT	_	LOCATION		n, or county	
REMOVAL (Spec	1-13-	-68 5	St. Stanis	laus	Com. 1	Bait	more	, Md.	
25A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	25C.	FUNERAL DIRECTO	OR 10	tthe	ADDRESS	
	444 5 4000	000	2 Farley 12	N,	cholas 7	aste			e. Baitin
VS 151 PEV 1/1%	AN 1 3 1968	(Token)	C' Advisor		30211	0510	n A	VETIO	0,201110

5-364

	(MEDIC		BALTIMORE CITY HE	CERTIFICATE	OF DEATI	Н	68	0407
BIRTH NO.							REG. NO.		3231
1. NAME OF DEC (Type or Print)		WINSTON	STÉR	LING	2. DATE Known OF DEATH Estimotes	☐ Month	Doy	Yeor	Hour M.
4. PLACE IN BAL	TIMORE, MARY	YLAND, WHERE	PRONO	UNCED DEAD	3. DATE	Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT I	N HOSPITAL OR S OR LOCATION)	INSTITUTIO	N, GIVE STREET	5. USUAL RESIDENCE	Januar		1968	6:00 P. M.
37	Mercy	Hospita	1		A. STATE Maryla		B. COUNTY	0	Kull)
6. SEX	7. RACE	B. M	ARRIED [NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CIT	Y LIMITS ?	A STATE OF THE PARTY OF THE PAR
Male	White	WIE	OWED	DIVORCED [Baltin	nore	YE:	1 1 2	10 🗆
P. DATE OF BIRTI	1	0. AGE (In year ost birthday)	Month	der 1 Yr. If Under 24 Hrs. s Days Hours Min.	E. STREET AND NUMB	ER Vegworth L			
11. BIRTHPLACE (S				TIZEN OF	13. FATHER'S NAME	iceworen n	- Carro		
West Vi	rginia		W	HAI COUNTRY?	Earl Ster				
14A.USUAL OCCU			IND OF B	USINESS OR INDUSTRY	15. MOTHER'S MAIDEN	NAME			
Carpent			Build:	Ing	Addie McG	innis			
16. WAS DECEAS (Yes, no or unknown)	ED EVER IN U.	S. ARMED FOR	CES?	17. SOCIAL SECURITY NO.	18. INFORMANT		AD	DRESS	
Yes	WW]	L1	vice)	SECORITI NO.	Family		Sa	me	
19.	1× .			CAUSE OF DEA	ŤH				ROXIMATE INTERVAL
DISEASES (RISE TO THE UNDERLYIN) OTHER SIGN TO THE DEA	E ABOVE CAUS NG CONDITIO	NS, IF ANY, GIV SE (A) STATING IN LAST.	IBUTING ERMINAL	(B)	AS A CONSEQUENCE OF	:			
20A. DATE OF				VHICH OPERATION WA	AS PERFORMED			21. AUTO	PSY? (Yes or No)
22A. EXTER UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.)	NAL CAUSE WE CONTROL OF DEATH (Month) (Doi: 1-10-6	RIB- H. y) (Yeor) (home,	form, foctory, street, office building E.INJURY OCCURRED		DID (If in Boltimor CUR? 10or, 201 ID INJURY OCCU I and fell	North (locotion) Charle	
	URE Oh	tural couses	Ac		Homicide CHIEF MED	ICAL EXAMINER	ned monner	j	DATE SIGNED
NAME (1	(уре)	B. DATE		. NAME of CEMETERY		24D. LOCATION	(City, town,		
REMOVAL (Speci Burial	fy)	1/15/68		Balto Natl Co		Baltimo			Md
25A. DATE REC'D		EPT. 25	B. NAME	of REGISTRAR Labery	Mc aul			topa	a ave
/S 151-REV. 1/1/68	N86	1.0	7 8		A	/ 10		2	1225

BALTIMO	DRE CITY HEALTH DEPARTMENT
68 0408 CERTI	FICATE OF DEATH REG. NO. 68 0408
I NAME OF DECEASED Type or Print) M. Margaret Winter	January 11,1968
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STR HOSPITAL OR ADDRESS OR LOCATION)	D. Habbe City City
3333 N. Charles St.	Baltimore YES A NO STREET AND NUMBER 3333 N. Charles St.
5. SEX 6. RACE 7. MARRIED NEVER MARR	RIED A 9. AGE (In years of Under 1 Yr. 11 Under 24 Hrs. Months: Doys Hours Min.
Female White WIDOWED DIVORCE	= 14 1 00 1001
10A. USUAL OCCUPATION (Give kind of work look, KIND OF BUSINESS OR IN done during most of working lite, even if retired) Retired Gas & Electr	ric Co. Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John F. Winter	Ella Mitchell
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates at service) 16. SOCIAL SECURITY No.	17. INFORMANT ADDRESS
No	J. Britain Winter 7022 Bellona Ave.
18. 4 10. 9 CAUSE O	Grand Permer les la german de la la ger
(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)	O, OR AS A CONSEQUENCE OF: ANIA Junt flester bestorios: O, OR AS A CONSEQUENCE OF THE C
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	4
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJU	JRY (e.g., in or obout 21C. WHERE DID street, office bldg., INJURY OCCUR?
	RRED 21F. HOW DID INJURY OCCUR? Not While At Work
22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last sow the deceased alive on	om 1967 19 to 1963 1963 and that in(my) (our) opinian death occurred on the date
and hour and from the couses stoted place. (1) (We) (did) (di	
23A. SIGNATURE MURPHRUY	Attending Med. Director Phys. 23B. DATE SIGNED
23C. PHYSICIANS NAME (Type) Dr. Kurt Levy	3103 N. Charles St. Baltimore, Md.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER Burial 1-15-68 Parks	RY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	The Ly Land
1811 4 5 1000 A a a O T O	Mitchell-Wiedefeld Home, Inc. 6500 York Rd. Baltimore. Md.

/S 150-REV. 1/1/68



AN EAD 4.	1-1;	2-68	1 7 70 01
			3:30 PM
IIA.	USUAL RESIDENCE (WI	here deceosed lived. II in	stitution: residence before
VE STREET		ANNE ARUNDLE	DE CITY LIMITS?
E.	EFGEWATER STREET AND NUMBER	485	YES NO NO
	DATE OF WIRTH	9. AGE (In years	If Under 1 Yr. , If Und
DIVORCED _	4-19-92 BIRTHPLACE (Stote or fo	lost birthdoy) 75	Months Doys Hours
	ENG.	LAND	4.5.4
	EMMA RUST	AME	
JRITY NO. 17.	INIFRED	E. MªC	LEAN #
Divited PERATION	CONSEQUENCE OF: Of VEDOUS LUST DU	No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
occurred	or oboth 21 C WHERE DID e bldg., IN TORY OCCUR?		e City, give exact location)
Not While At Work			+1/10
/2////////////////////////////////////	1 5		nian death accurred a
	D. ADDRESS	Staff Phys Phys Phys Phys Phys Phys Phys Phys	238, DATE SIGNED
DEGREE		LOCATION (C	ily. low or county)
EΛ	DEGREE 23	23D. ADDRESS DEGREE JOHNS HOPKING	23D. ADDRESS DEGREE JOHNS HOPKINS HOSPITAL

MATTHEN

PIEGE ANE

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SCOLUTE WINIFRED E. MECKERN TO

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William & Haramana. X 1/12/60

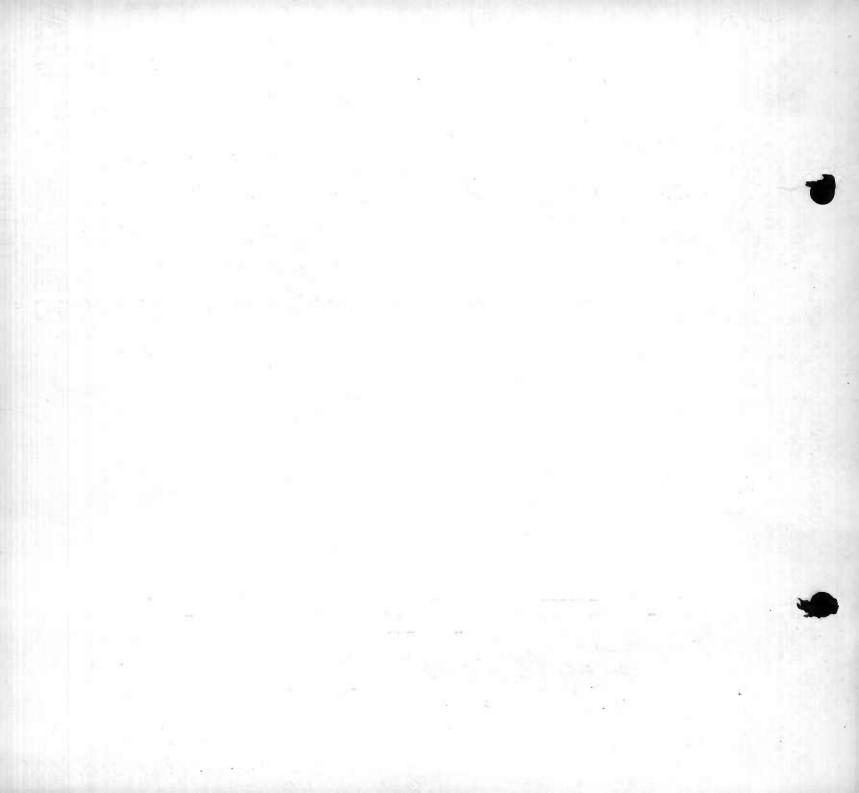
Businh 1-16-68 Hillcoest

Herender and All. M.

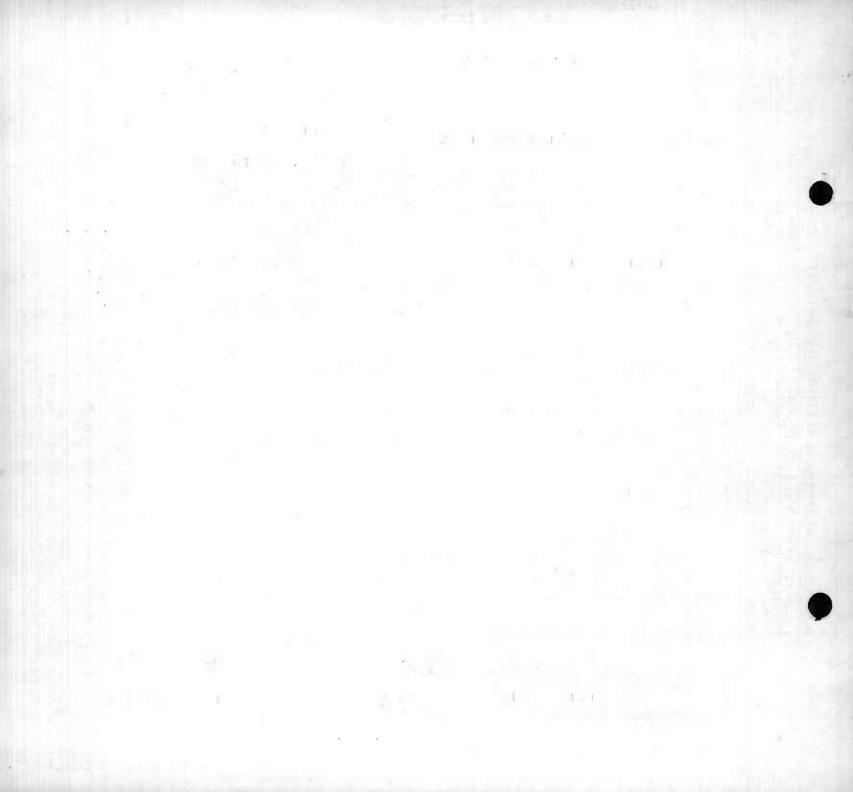
3 0410	BALTIMORE CITY HEALTH DEPARTMENT
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MEDICAL EXAMINER'S		88 0410
BIRTH NO.	REG. NO.	
1. NAME OF DECEASED	2. DATE Known Month Day	Year Hour
NTCHOLAS PAUL ESPOSITO	DEATH Estimoted \ January 9,	1968 UNK M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Doy	Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD January 9, 1 5. USUAL RESIDENCE (Where deceased lived. If institution: re	1968 8:20 A _{M.}
3557 Buena Vista Avenue	A. STATE B. COUNTY Maryland	12-08
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
Male White WIDOWED □ DIVORCED □	Baltimore YES	NO ON
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	3557 Buena Vista Avenue	
11. BIRTHPLACE (State on foreign country) 12. CITIZEN OF	13. FATHER'S NAME	1
MADIA AND WHAT COUNTRY?	Joseph P Esposi	to
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR		0
dana during mast of warking life, even if refired)	Delia Petens	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDI	RESS /
(Yes, pt of unknown) (If yes, give wor ar dates of service) SECURITY NO.	Ill chale P Faceut SU	150/0001/1
19. CAUSE OF DEA	IVI CHOIRS / ESposito 34	APPROXIMATE INTERVAL
14/2/1		BETWEEN ONSET AND DEATH
	osclerotic Cardiovascular Diseas	3e
LEADING TO DEATH (A)IMMEDIATE (This does not mean the made of dying, e.g., DUF TO, OR		
heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)	AS A CONSEQUENCE OF:	
injury of complication when course decomp		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
I UNDERLYING CONDITION LAST	•	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 2	1. AUTOPSY? (Yes ar Na)
		No
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-	in ar about 22C. WHERE DID (If in 8oltimore City, give exact I see bldg., etc.) INJURY OCCUR?	ocation)
UTING CAUSE OF DEATH. 220. TIME (Month) (Dov) (Year) (Hour) 22E.INJURY OCCURRED		
OF INTURY	22F. HOW DID INJURY OCCUR?	
(APPROY)	WHILE NORK	
23.		
I certify that I held an Inquiry Inspection X Au	atopsy and that on this basis, death in my ap	inian
resulted fram: Natural causes Accident Suici	de Homicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE WWW. 7 M.	ASSISTANT MEDICAL EXAMINER	
	ASSOCIATE MEDICAL EXAMINER	1/9/68
NAME (Type) Werner V. Spitz, M.D.		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, a	r county) (State)
DUXI21 1-11-68 17014 /Cea	leemen 102/to //16	/
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADD	RESS
TANSE 1000 A O & C To Dans	- Durger toneral thomas	132/to M/
VS 151-REV. 1/1/68	Hand Manney Ja	
109	1 VIUW INVICUO IN	

VS 150-REV. 4/176



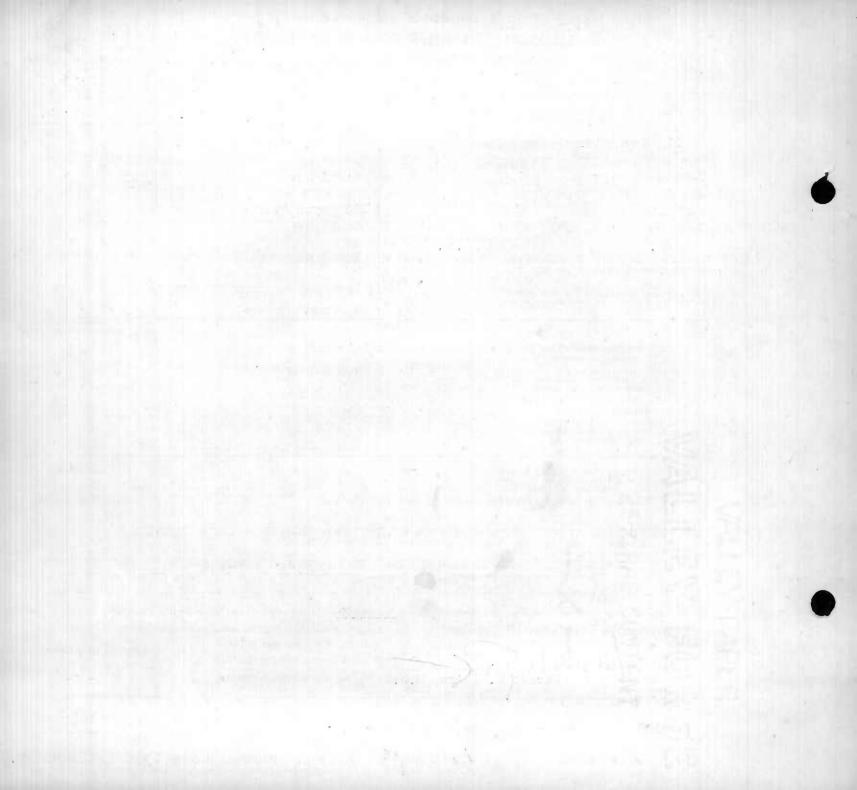
-68	11/11/	HEALTH DEPARTMENT	00 0440
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO. 68 11412
1. NAME OF DECEASED (Type or Print) ESTELLA	BROWN	1-12-68	OS/
3. PLACE IN BALTIMORE, MARYLAND, WHEI FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATIC	OR INSTITUTION, GIVE STREET	MARYLAND	ed lived. If institution: residence before admission)
STHE JOHNS HOPKINS		BALTIMORE E. STREET AND NUMBER	YES NO NO
		417 E. NORTH A	VE
FEMALE NEGRO	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (lost) 75h	doy) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 101 done during most of working life, even if retired)	B, KIND OF BUSINESS OR INDUSTRY	Maryland	12. CITIZEN OF WHAT COUNTRY? $U_{\bullet}S_{\bullet}A_{\bullet}$
WILLIAM WILSON		14. MOTHER'S MAIDEN NAME ROSETTA HA	LL
S. Wos Deceosed Evet in U. S. Armed Forces Yes, no or unknown) (If yes, give wor or dates o	? (16. SOCIAL SECURITY NO. 217488340	Charles Brown	ADDRESS Same
(This does not meen the made of dy heart failure, asthenia, etc. It means the injury or complication which coused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any rise to the obave cause (A) st UNDERLYING CONDITION last.	(B)	A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTI	(A).	20A. AUTOPSY? (Yes or No.) 208. III	F YES, WERE FINDINGS CONSIDERED RTIFFING CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDIT WAS PERFOR OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, o	110	(If In Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Yeo) (APPROX.)	While At Nork Not Whi	21F. HOW DID INJURY OC	CUR?
22. I certify that (I) (this haspital) at that (I) (we) last saw the deceased and have and from the causes stated	alive an 12		y) (aur) opinion death accurred an the date
	Course (in (ine) (did) (did ildt)	tion the budy unter deaths	
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	Phy Phy	23D. ADDRESS	
23C. PHYSICIAN'S NAME (Type) PHILIP RE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CR	23D. ADDRESS THE JOHNS HOPKI EMATORY 24D. LOCATION	NS HOSPITAL N (City, town, or county) (Stote)
23C. PHYSICIANS NAME (Type) PHILIP RE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 1-17-68	24C. NAME OF CEMETERY OF CR	23D. ADDRESS THE JOHNS HOPKI EMATORY PK. Arbut 12SC. FUNERAL DIRECTOR	NS HOSPITAL (City, town, or county) (Stote)



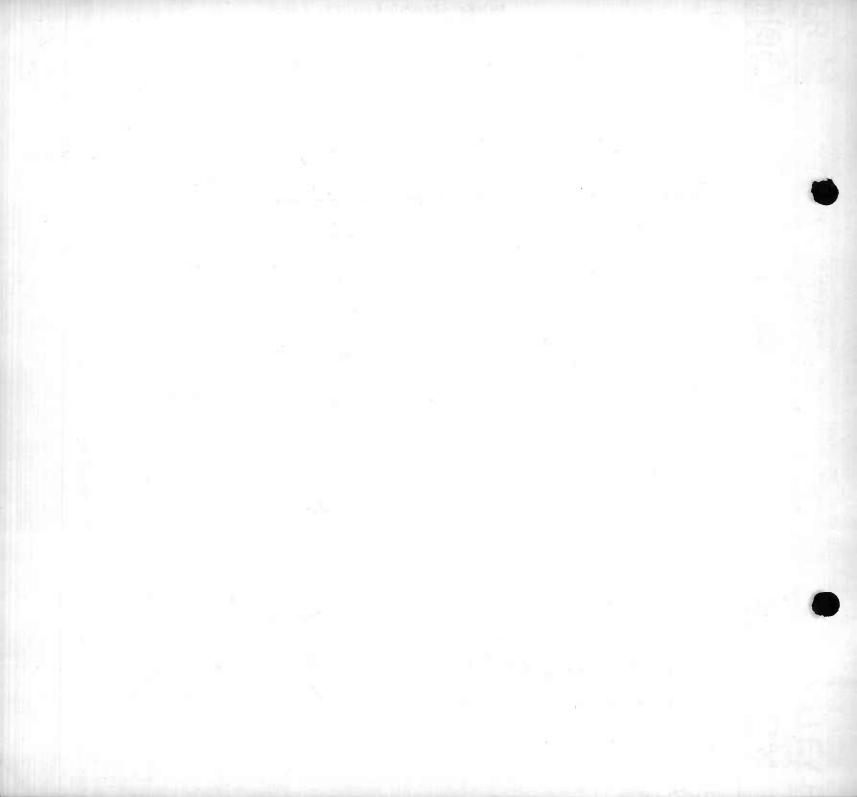
68 0413 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68	0413
00	C. Time

BIRTH NO.		MILL	ICAL	· LAAMIINEKS C	LERTIFICATE OF DEATH REG. NO	0
1. NAME OF DEC	EASED	77.2.4.4			2. DATE Known 🖾 Month Day	Year Hour
A	NNIE	Edit		BOONE	DEATH Estimated January 12,	1968 3:25 A. M.
4. PLACE IN BAL				RONOUNCED DEAD	3. DATE Month Doy	Year Hour
FULL NAME OF HOSPITAL	(IF NO	T IN HOSPITA	LOR INS	TITUTION, GIVE STREET	PRONOUNCED DEAD January 12,	1968 3:25 A. M
OR INSTITUTION					5. USUAL RESIDENCE (Where deceased lived. If institut	
322 G	wynn A	venue			A. STATE Maryland B. COUNTY	2-0-07
6. SEX 7. RACE B. MARRIED NEVER MARRIED				NED MARKED HARRIED	C. CITY OR TOWN D. INSIDE	CITY LIMITS?
Female N	Negre	Negro			Baltimore	
9. DATE OF BIRT		10.AGE (II	WIDOV	VED DIVORCED I If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	YES X NO L
		lost birthda	y) 41	Months Doys Hours Min.	322 Gwynn Avenue	
4-15-26			7.2	LO CULTEN OF		
11. BIRTHPLACE (S	tate or tareig	gn country)		12. CITIZEN OF	13. FATHER'S NAME	
/Va.				U.S.A. WHAT COUNTRY?		
done during most of v	PATION (Giv	e kind of work	14B. KINE	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
	Traing me,es		"ool	worth Co.		
16. WAS DECEAS	ED EVER IN	U.S. ARMEE	FORCES	S? 17. SOCIAL	18. INFORMANT	ADDRESS
(Yes, no or unknown)	(if yes, give	wor or doles	of service	216204109	Sweeney Boone	same
19. 11 (9 -	oV.			CAUSE OF DEA		APPROXIMATE INTERVAL
TT	2/				1 A 11	BETWEEN ONSET AND DEATH
	E OR COND LEADING TO		CTLY	Bronch	ial Asthma	
	of mean the		ina. e.a	(A) IMMEDIATE C	AS A CONSEQUENCE OF:	
heort follure	, osthenia, etc aplication whi	. It means the	diseose,	DUE IO, OK	AS A CONSEQUENCE OF:	
mjery er co.	inpireotion with	cii coosoa ac	J,	-	•	
AI	NTECEDENT	CAUSES		(B)		
DISEASES (OR CONDITI	ONS, IF ANY	, GIVING		AS A CONSEQUENCE OF:	1000
UNDERLYIN	G CONDIT			(c)		
2417		1i	-	(0)		
OTHER SIGN	IFICANT COI	NDITIONS C				
DISEASE OR	CONDITION					
No.				FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
8 7						Yes
₹ 22A. FXTER	NAL CAUSE	WAS		228 PLACE OF INILIPY(e.g.	in or about 22C. WHERE DID (If in Baltimore City, give	
UNDERLYING				home, form, factory, street, offic	e bldg., etc.) INJURY OCCUR?	skeet tocomony
22A. EXTER UNDERLYING UTING CA 22D. TIME			1) Joseph Device Committee	LOOF HOME IN LIVEY OCCUPS	
OF INJURY	(Month) ([Doy) (Yeo	r) (Hou		22F. HOW DID INJURY OCCUR?	
(APPROX.)					WHILE ORK	
23.						
I cert	ify that I h	eld on I	nquiry [Inspection Au	topsy X ond that on this basis, death in m	ly opinion
resul	red frøm: N	lotural cou	ses X	Accident Suicid	de 🗌 Homicide 🔲 Undetermined monne	
					CHIEF MEDICAL EXAMINER	
ACTUAL	11/12	-1.0	15	7/	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATI		TIO		M.D	ASSOCIATE MEDICAL EXAMINER	1 10 60
NAME (1		wei	men	D. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	1-12-68
24A. BURIAL CRE	MATION,	24B. DATE	- 8	24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, to	own, or county) (State)
REMOVAL (Speci	(y)	4 4 5	60	Asshartson Ma	m. Pk. Arbutus	Paryland
Buria	DV HEALTH	1-15-		Arbutus Me		
25A. DATE REC'D	BY HEALTH	DEPT.	25B. N	JAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	LANL	1968	R.C.	not 2, starbura	Kelson Funeral Home	348 Calhoun S
VS 151-REV. 1/1/6	and the same		-			



VS 150-REV. 1/1/68



5-120

68 0415 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68 0415
1. NAME OF DECEASED (Type or Print) MAUDE SPEAKS	2. DATE Known Month Doy Year Hour OF DEATH Estimoted M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD January 10, 1968 5:30 P. M.
1403 Winchester Street	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland B. COUNTY
Female Negro 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	D. INSIDE ATY LIMITS? Baltimore D. INSIDE ATY LIMITS?
9. DATE OF BIRTH 10. AGE (In years Ill Under 1 Yr. If Under 24 Hrs lost birthday) Months, Doys, Hours, Min	
11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?	John Bean
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	Amelia
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO. 217243233 [19. CAUSE OF DE.	Sam Speaks Same
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foliure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE UNDEATH BILL NOT PELATED TO THE TERMINAL	iosclerotic cardiovascular disease CAUSE AS A CONSEQUENCE OF: RAS A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED 21. AUTOPSY? (Yes or No)
UNDERLYING OR CONTRIB- home, lorm, foctory, street, off	., in or obout 22C. WHERE DID (II in Boltimore City, give exoct location) ice bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.1NJURY OCCURRED OF INJURY (ARBOY)	22F. HOW DID INJURY OCCUR? OT WHILE WORK
	utapsy and that an this basis, death in my apinian ide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER January 11, 1968
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 1-15-68 Mt. Auburn 25A. Date rec'd by Health Dept. 25B. NAME OF REGISTRAR	
VS 151-REV. 1/1/68 AN 1 3 1968 Relate & Facher	

Funeral Home Harry Witzke

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

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Y. ...

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VS 150-REV. 1/1/68

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BE A LINE F DESCRIPTION VERSE TO L. YE

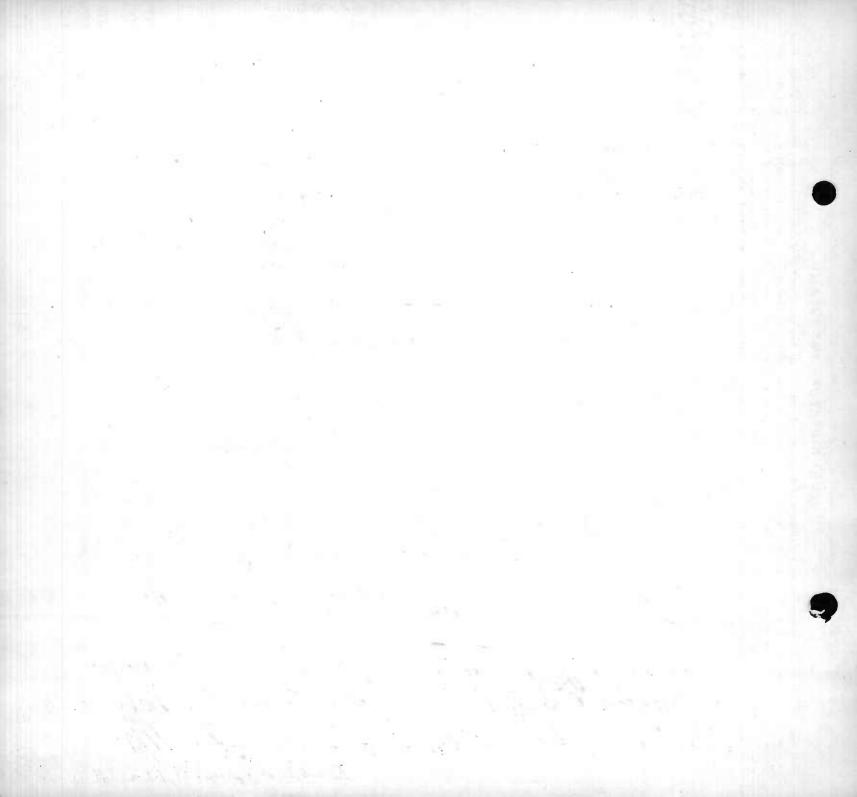
CHARLES OF STREET STREET, STREET STREET, STREE

VS 150-REV. 1/1/65

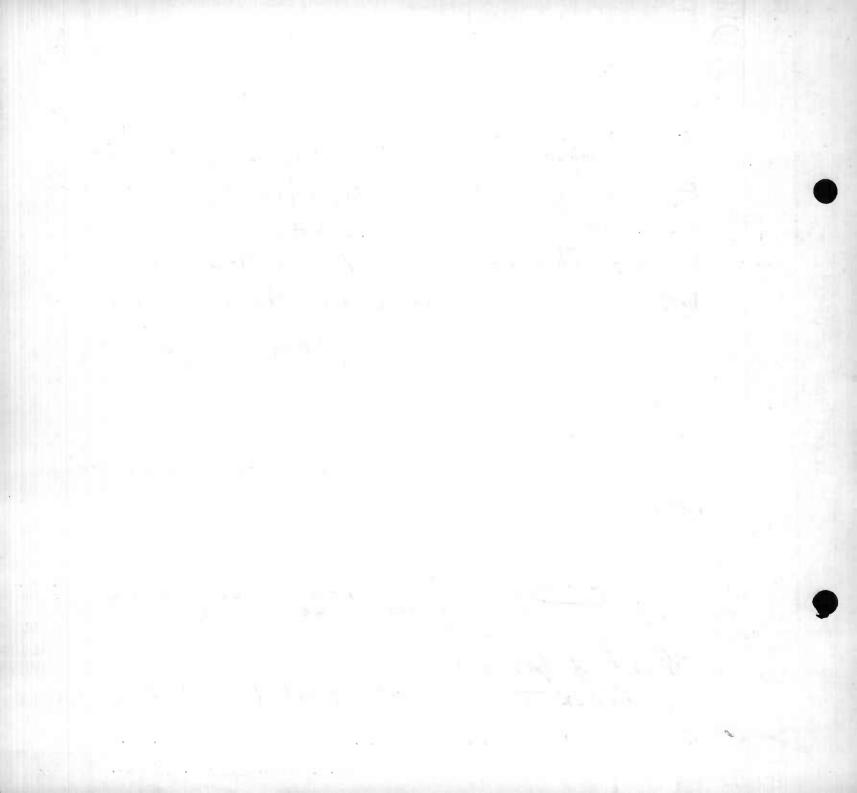
MARSON G. T. HEMOREM.

VS 150-REV. 1/1/6B

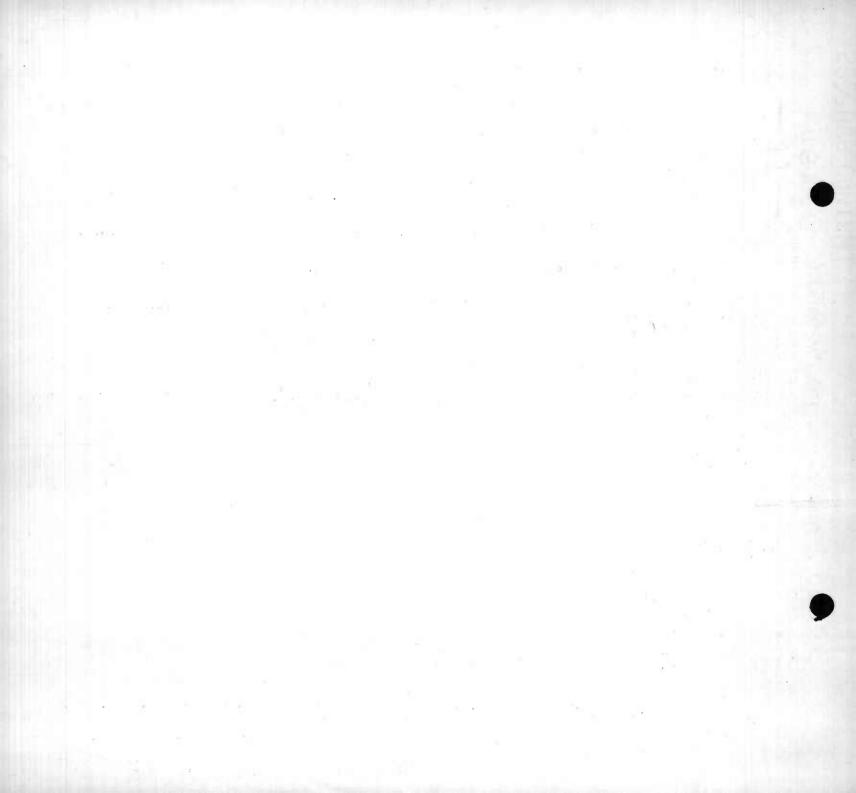
BALTIMORE CITY HEALTH DEPARTMENT



		00	0.400		HEALTH DEPARTMENT		68 0420
	DIRTH NO	68	0420	CERTIFICA	TE OF DEATH	REG. NO.	00 0220
	1. NAME OF DECEA	pa Vinas	A	BeHED	2. DATE AN	NO HOUR OF DEATH	8 715 A
	3. PLACE IN BALTIA	MORE MARYLAND, WH	ERE PRONOUN	10011	4. USUAL RESIDENCE (Whe	re deceosed lived Il inst	titution: residence before odmission
	FULL NAME OF HOSPITAL OR INSTITUTION	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION					DE CITY LIMITS 4-0
1	MARYL	AND GER	VERA	_	E. STREET AND NUMBER		YES H NO
5	8,	HOSP.			115 W.	Mulberry	27 ST
BE	F	W	WIDOWED X		8. DATE OF BIRTH	55	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
		ATION (Give kind of work 1) rking lite, even if retired)			11. BIRTHPLACE (State or fore	ign cauntry)	12. CITIZEN OF WHAT COUNT
	Housed	ite	(400	HUORK	WIVA		U.S.
2	13. FATHER'S NAME	(1)	1		14. MOTHER'S MAIDEN NA	ME	1. 0.1
2	Kober 15 Was December 5	ver in U. S. Armed Force	149	6. SOCIAL	17. INFORMANT	BARCL	ACT
5	(Yes, na or unknown) (I	I yes, give wor or dotes	of service)	SECURITY NO.	1 Pt's ch	MT	MGH.
5	18.450)	< 1		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
5		OR CONDITION DIRE	CTLY		Pilyonano	En Calles	121
		mean the made of d sthenia, etc. It means th		(A) IMMEDIATE CAL	A CONSEQUENCE OF:	1-14 MOLOS	17 20:
		ication which caused d					on party line
9		ITECEDENT CAUSES		(8)			
0	rise to the	abave cause (A) s	,	DUE TO, OR AS	A CONSEQUENCE OF:		
Suibu	111 111	CONDITION last.		(c)			
e e	O OTHER SIGNIFIC	ANT CONDITIONS CONT BUT NOT RELATED TO THE NOTION GIVEN IN PART	TERMINAL	Cha	· Obstruction	e AIRLAY	Di TEARS.
e rue	OTHER SIGNIFIC TO THE DEATH DISEASE OR CON 19A. DATE OF O		TION FOR WH	IICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
Derore	OR CONTRIBUTE	WAS UNDERLYING DING CAUSE OF	21B. PL home, etc.)	ACE OF INJURY(e.g., form, foctory, street, a	in or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimare	City, give exoct lacation)
dined	OF INJURY	Month) (Doy) (Year)		NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
5	(APPROX.)		While	At Wark		4.50	
0	22. I certify th	nat (1) (this haspital)	attended the	deceased fram	4 60	19 68 ta	-/O 19 G
0		st saw the deceased	-	1-10		nat in (my) (aur) apln	ian death accurred an the d
E	and haur and f		d abave.(1)/(We) (did) (did nat)	view the bady after death.		23 B. DATE SIGNED
	Fin	-d 112	mill		ending Med.	Staff Phys.	23 B. DATE STORED
prove	23 C. PHYSICIAN' NAME (Type	5 0 0	rug	DEGREE Phy	23 D. ADDRESS	Phys.	
0	NAME (Type	FRANK 3	T. 7	DRICK ME	Mikeland	Gen	HOSP, KALTE
0	24A. BURIAL CREMA REMOVAL (Spe	ATION, 24B. DATE	24C. NAM	AE of CEMETERY OF CR		OCATION (City	, tawn, ar obunty) (State)
	Burial	1/12/68	Pro	spect Hill C	em. T	owson, Balto	. Co., Md
	25A. DATE PEC'D R	Y HEALTH DEPT.	SB. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	9	ADDRESS
MILLE	25A. DATE REC'D B	N 1 5 1968	Dre 6 8	REGISTRAR		R	17 St. Paul St.



VS 150-REV. 1/1/6B



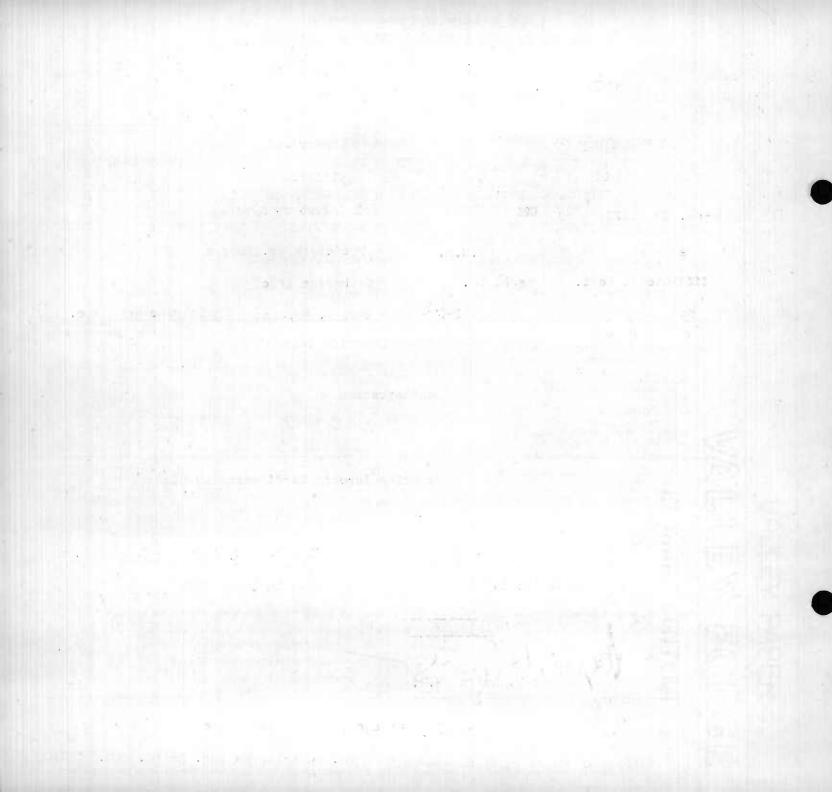
57	1		0.0	040	BALTIMORE CITY	HEALTH DEPARTMENT		00 0400
15	-200		6	3 042	CERTIFICA	TE OF DEATH	REGINO.	00 0466
	and eath ased the Such		H NO. AME OF DECEASED				D HOUR OF DEATH	
	dea s		e or Print)	DVAN	10		14-68	16:45 AM
	F 0 0 4	3. 1	HORATIO	WHERE PROMO	UNCED DEAD	4. USUAL RESIDENCE	te deceased lived of institut	ion: residence before odmission)
	hospit Jse of (5) De lance death	IC	RRTIRICALI	AMI	ENDED	ATAN. JR.	AAA C	
	hos Jse (5)	HO	I NAME OF THE NOT IN HOS	PITAL OF INSTITU	1-29-68	C. CITY OR TOWN	D. INSIDE C	
	a hacaus se; (3 se; (4)	IN:	THE JOHNS I	HOPKINS	HOSPITAL	BALTIMORE		XX DNO W
	i again	5	BALTIMORE,	MD 2120	05	E. STREET AND NUMBER		
	و م م م					=702=S:=£LB	DLE-SJAEET-	702 Baylis St.
	bo ne ada	5. 5	EX 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If Mo	Under 1 Yr. If Under 24 Hrs.
	Tring Be E		MALE WHITE	WIDOWED	DIVORCED	3-19-28	39	
	0 0 - 0 -		USUAL OCCUPATION (Give kind of v			11. BIRTHPLACE (State or fore	ign country) 12	CITIZEN OF WHAT COUNTRY?
	det det		during most of working life, even if retire	11 1	ruys, Mertity	Camboll Co	water Un.	4.5.A.
	de de	13.	heet Metal Wo	K /WOO	uys, is war	14. MOTHER'S MAIDEN NA	ME Y VAN	0,7077
_	if (4) (4) w w th the		HORATIO, SR			MARY MARRE	tt Harrelt	MyHTLE MOHIS
Z	4 din	15.	Was Deceased Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT	,	ADDRESS
Z	isto he cin dea ce ce	(Ye	, no or unknown) (If yes, give war or o	lotes of servicel	SECURITY NO.	Va, Funeral C	hapel Lyne	ch berg, Va.
IMPORTA	assis if thiny ki ed de dance	-	18.,,		CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
P	far far nce nce do		T DISEASE OR CONDITION	DIRECTLY		0	0	
Σ	Also e of noun		LEADING TO DEA		(A) IMMEDIATE CAL	USE PNEVMOCOCCA A CONSEQUENCE OF:	LINBUMONIA	.5 DAYS
	5 0 L B		(This does not mean the mode heart failure, asthenia, etc. II med	ans the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
S	ine act act pr		injury or complication which caus					
H	tru fr		ANTECEDENT CAUS		(B)	A CONSEQUENCE OF:		
Ш	X X X		DISEASES OR CONDITIONS, rise to the abave cause (002 10, 011 11			
DIRECTOR	al le ian s ins		UNDERLYING CONDITION last.		(c)			
	- F 0 E := 0 0	z	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING				
NERAL	hy hy reg	ATION	TO THE DEATH BUT NOT RELATED T	O THE TERMINAL	.000000000000000000000			
- W	he dy a	TIFICA	19A. DATE OF OPERATION 19B. C	ONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes of N	o) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED
Z	chi th yss	ERT	2			YES		
F	to phe	Ü	21 A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF	horr	ne, form, factory, street, c	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If In Baltimore Cit	y, give exoct locotion)
	No No	U	DEATH (notify medical exominer)	etc.				
	d b sp tur tur (6)	MEDI	21 D. TIME (Month) (Doy) (Ye		ile At Not Whi	21F. HOW DID IN.	JURY OCCUR?	
	h h d d d	<	(APPROX.)	Wo	ork At Work			
	the exc an		22. I certify that (*) (this hasp	ital) attended t	he deceased fram	1-11	1968 to 1-1	9 68
	0 0 0 0		that (1) (we) last saw the dece	ased alive an	1-14	19. 6 8 and th	hot In(my) (our) opiniar	deoth occurred on the dote
	be of the pital pital earth		and haur and fram the causes	stated abave. (I) (We) (did) (dtd no t)	view the bady after death.		
	dent dent dent dent must		23A. SIGNATURE		110	anding - Med -		1-14-68
	3 0 6 0		Mayor W. Bre.	Ishow	DEGREE Ph	ending Med. Director	Staff Phys.	1-19-00
	S T		23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS	11-	THE PARTY NO
	This certificate m the body was rel shows: (1) An acc was D.O.A. at a l deceased prior to		MAJON W. B	RADSHA	DEGREE	JOHNS HOPK		
	1. 50.0 B	24	REMOVAL (Specify)	24C. N	AME of CEMETERY OF CE	D /		
	This certifithe body shows: (1) was D.O deceased written a		Burial 1-17-	1968 For	+ Hill Mem	· Tatk L	YHCH DELG)	Va. 217 ST, faul St. Balto, 21802 Md.
	This certhe books: was D. deceas	25	A. DATE REC'D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	Win Cook - B	-coks Inc. 18	217 StiPaul ST.
	F = 10 3 TO 3	1	JAN 1 5 1968 (Posts &	Farleyes	WILL COOK. D		Salto, 21802 110.
		V.S	150-REV. 171768					

H-135 68 0423 BALTIN MEDICAL EXAM

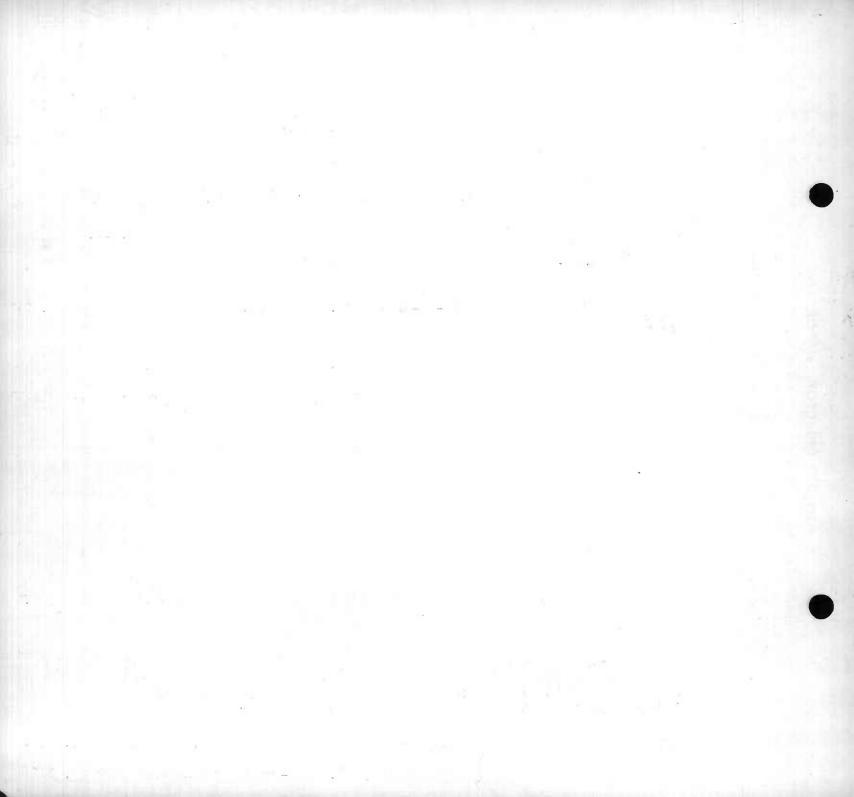
8 0423	BALTIMORE CITY HEALTH DEPARTMENT
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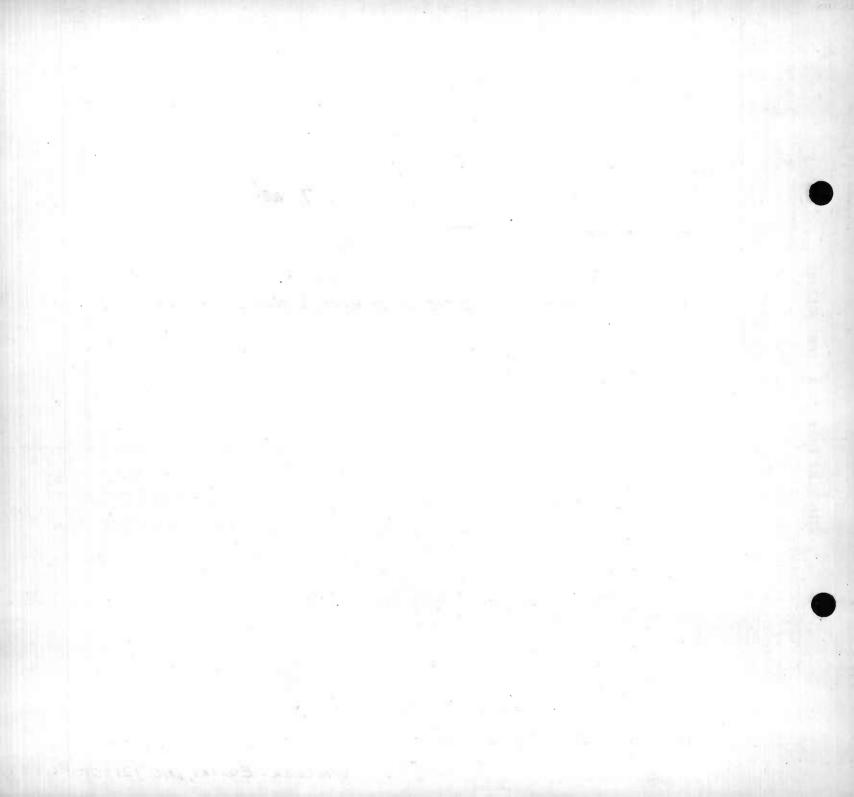
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DICAL EXAMINER'S CERTIFICATE OF DEATH REGINO 04	L

BIRTH NO.	LAAMIIALKS	EKTITICATE OF DE	REG. NO.	
1. NAME OF DECEASED		2. DATE Known & Mo	anth Doy Y	ear Haur
(Type or Print) BENJAMIN F.	HOPPMAN	OF FILE		1:10 P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PR				ear Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INS		PRONOUNCED DEAD Janu	ary 11, 1968	1:10 P. M.
652 Cokesbury Avenue		A. STATE Maryland	B. COUNTY	ence befare admission)
6. SEX 7. RACE B. AAADD	IED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIM	AITS?
Male White WIDOV		Baltimore	YES X	
P. DATE OF BIRTH Feb. 29, 1872 10.AGE (In years last birthday) 5000 95	If Under 1 Yr. If Under 24 Hrs. Manths: Doys: Hours: Min.	652 Cokesbury Aver	nue	
11. BIRTHPLACE (State ar fareign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME		
New York 144.USUAL OCCUPATION (Give kind of work) 148. KIND	OF BUSINESS OR INDUSTRY	Frederick Wm. Ho	ppman	
dane during mast of working life, even if retired)				
MXXX Credit Dept. Hech	it Co.	Katherine Erdel	ADDRES	c
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.			
No III	212-09-9201 CAUSE OF DEA	Earl B. Hoppman	3026 Pine Wo	od Ave. 21214
"E 890 X1				BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Carbon i	Monoxide Poisoning		
LEADING TO DEATH (This does not mean the made of dying, e.g., heort failure, osthenia, etc. It meons the disease,	(A)IMMEDIATE C DUE TO, OR A	AS A CONSEQUENCE OF:		
injury ar camplication which caused death.)	Conflag	cation		- 1 38
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO, OR	AS A CONSEQUENCE OF:		
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(c)			
lo la	(0/			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	INAL Arterio:	sclerotic Cardiovas	cular Disease	• • • • • • • • • • • • • • • • • • •
20A. DATE OF OPERATION 20B. CONDITION		AS PERFORMED	21. /	AUTOPSY? (Yes ar Na)
8				No
Z2A. EXTERNAL CAUSE WAS	22B. PLACE OF INJURY(e.g.,	in or obaut 22C. WHERE DID (If in a bldg., etc.)	Baltimore City, give exact loco	
☐ UTING ☐ CAUSE OF DEATH.	Home	652 Cokesbur	ry Avenue - Liv	ring Room
OF INTURY	r) 22E.INJURY OCCURRED	22F. HOW DID INJURY		A 6
(APPROX.) 1 11 68 12:5	WORK AT W	WHILE X Died in hou	se fire	9-08
23. I certify that I held an Inquiry [Inspection 🔯 Au	tapsy and that an this l	basis, death in my apini	an
resulted frain: Natural causes	Accident X Suicid	le 🗌 Hamicide 🔲 Und	etermined manner	
1	().	CHIEF MEDICAL EXAM	AINER [DATE CLONIED
ACTUAL // COLOR	702(-110	ASSISTANT MEDICAL FYAN		DATE SIGNED
SIGNATURE CEXAMINER'S Werner U. NAME (Type)	Spitz, M.D.	ASSOCIATE MEDICAL EXAM		1-12-68
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	240 NAME of CEMETERY	ar CREMATORY 24D. LOC	ATION (City, tawn, ar co	ounty) (Stote)
Burial 1-15-68	Parkwood Cen	netery Balti	more Mar	yland
25A. DATE REC'D BY HEALTH DEPT. 25B. N	IAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRE	
JAN 1 5 1968 (2.0.	b E. Farkeyna	Wm. Cook-Brooks	Inc. Balto.,	Md. 21202
VS 151-REV. 1/1/6B		B C C C		



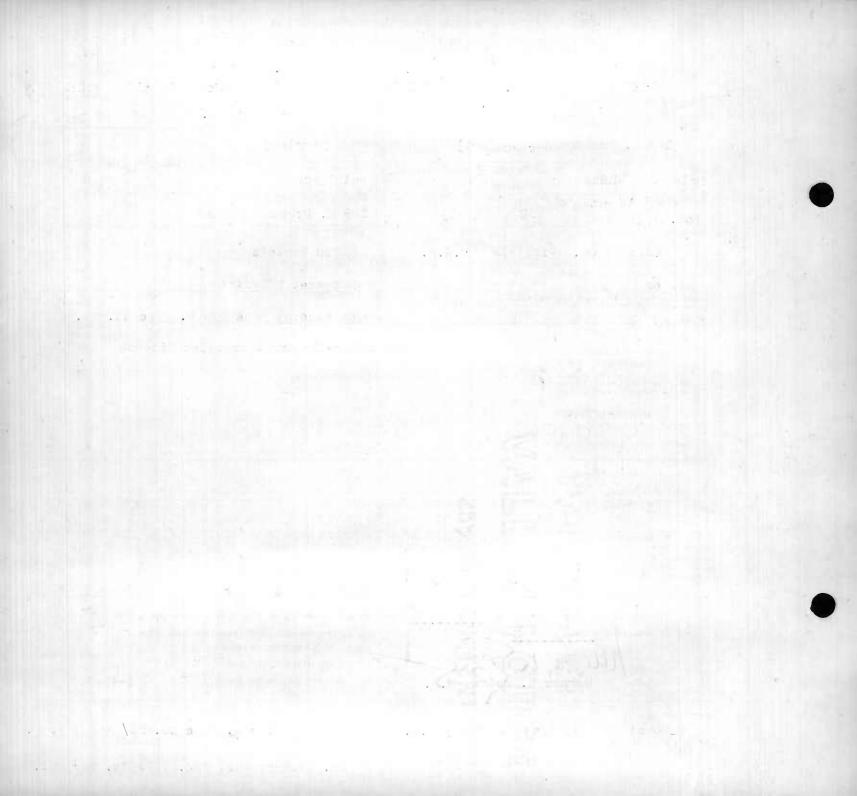
VS 150-REV. 1/1/6B





MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.	REG. NO.
). NAME OF DECEASED	2. DATE Knawn 🔀 Manth Day Year Haur
(Type or Print) ARTHUR W. DANIELS	OF DEATH Estimoted January 12, 1968 12:37 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD January 12, 1968 12:37 P.M.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
209 E. Preston Street (DOA)	A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED X NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED ☐ DIVORCED ☐	Baltimore YES NO NO
9. DATE OF BIRTH 10. AGE (In years II Under 1 Yr. II Under 24 Hrs. Feb. 3, 1915 10. AGE (In years III Under 1 Yr. II Under 24 Hrs. Manths, Doys, Hours, Min.	E. STREET AND NUMBER 209 E. Preston Street
11. BIRTHPLACE(State or loreign country) 12. CITIZEN OF	13. FATHER'S NAME
Carroll Co., Virginia U.S.A.	Rubin Daniels
14A.USUAL OCCUPATION (Give kind al wark) 14B. KIND OF BUSINESS OR INDUSTR'	
done during mast of working life, even if retired)	
Barber 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Margaret Holyfield ADDRESS Name Care 1
(Yes, na or unknown) (II yes, give war or dates of service) SECURITY NO.	North Caron
No P	Moody Funeral Home 206 W. Pine St. Mt. Airy
19. CAUSE OF DEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteri	osclerotic Cardiovascular Disease
LEADING TO DEATH (A)IMMEDIATE (AUSE
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	
OF THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or Na)
O	No.
Section 228. PLACE OF INJURY(e.g., home, farm, factory, street, office uting □ Cause of Death.	in or obaut 22C. WHERE DID (If in Baltimare City, give exoct lacotian) e bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E.1NJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	WHILE OF THE CONTROL
23.	
I certify that I held an Inquiry Inspection X Au	tapsy and that an this basis, death in my apinian
resulted from: Natural causes X Accident Suicident	de Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL //// ACTUAL	ASSISTANT MEDICAL EXAMINED
SIGNATURE M.C	
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 1-12-68
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	
Removal 1/13/68 Moody F.H.	206 W. Pine St. Mt/ Airy, N. C.
JAN 1 5 1968 P. D. F. E. January	25C. FUNERAL DIRECTOR ADDRESS
The state of the s	Wm. Cook-Brooks, Inc. 1217 St. Paul St.
VS 151-REV. 1 1 68 1	



Company of the second s .

4	-635		BALTIMOR
-		68 04	428 CERTIF
	H NO.		
	e or Print)	Δ	ハム 野教会教教
0.0	DHERIDA LACE IN BALTIMORE MARYLAN		
3. P	LACE IN BALLIMORE, MARILAN	ND, WHEKE P	KONOUNCED DEAD
FUI	L NAME OF (IF NOT IN H	OSPITAL OR I	NSTITUTION, GIVE STRE
INS	TUTION		T
	MERRY HOSP	PITAL,	Inc-
	37		
s. s	X 6. RACE	7	
	E	7- MAR	
FOA.	USUAL OCCUPATION (Give kind	Ol work 108 Kth	
	during most of working life, even it re	eti/ed)	
	Megistered 1	1150 H	ospital
13. [ATHER'S NAME		()
	John	5. 0	DheridAN
IS. V	Vos Deceosed Ever in U. S. Arm no or unknown) (If yes, give wor	ed Forces?	vice) 1 6. SOCIAL SECURITY NO
			175-01-16
	18. / / / /		CAUSE OF
	DISEASE OR CONDITIO	N DIRECTLY	
	LEADING TO DE		(A) IMMEDI
	(This does not mean the ma- heart failure, asthenia, etc. It r		e.g., DUE TO
	injury or complication which c		
	ANTECEDENT CA	AUSES	AR
	DISEASES OR CONDITIONS	, if ony, g	giving (B) DUE TO
	rise to the obave cause UNDERLYING CONDITION In		
		316	(c)
N	420. 1 OTHER SIGNIFICANT CONDITION	IS CONTRIBILI	ING
ATIO	TO THE DEATH BUT NOT RELATED	D TO THE TERM	
FIC.	19A. DATE OF OPERATION 19B	CONDITION	FOR WHICH OPERATIO
CERTIFIC	WA	AS PERFORMED	
CE	21 A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE O		218. PLACE OF INJUR
AL	DEATH (notify medical examiner)		home, tarm, factory, s
EDIC		(Year) (Hour)	21E. INJURY OCCUR
ME	OF INJURY (APPROX.)		While At
			Work LJ A
	22. I certify that (I) (whis ho		
	that (I) (we) last saw the de	ceased alive	on 1-9
	and haur and fram the cause	s stated aba	ve. (I) (We) (did) (did
1	23A. SIGNATURE	0 1	4. 3
	Jeanne-	S. Kno	us, M,D.
	23C. PHYSICIAN'S NAME (Type)		
	Jeann Jeann	1e5. k	Kraus, M.D.
24A	BURIAL CREMATION, 248. DA		4C. NAME OF CEMETER
	REMOVAL (Specify)		
	DATE REC'D BY HEALTH DEPT.		Lorraine Ma
23A	IAM TEADAG	Du 5 8	talke MA
		went -	" Mediana"
/S	50-REV. 1/1/6B		

4	-635		HEALTH DEPARTM	ENT	68 0428
-	68 04	28 CEPTIFICA	TE OF DEA	TLI REG. NO	00 0320
BIRT	H NO.	CERTIFICA	IE OF DEA		
	AME OF DECEASED		2. D	ATE AND HOUR OF DEATH	
(тур	SHERIDAN, AN	リス 新規定能差別差差差×M	largaret	1-10-68	3=25 Am.
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE	CE (Where deceased lived, II i	nstitution: residence before admission)
HO	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	c. CITY OF TOWN	BAITO.	SIDE CITY LIMITS?
11/12	MERCY HOSPITAL,	Inc.	E. STREET AND NU	Towson	YES NO NO
	37		Stelli	M	Hospice.
s. s	EX 6. RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 %r. If Under 24 Hrs. Months Days Hours Min.
	F W WIDOV	VED DIVORCED		85 lost birthday)	
	USUAL OCCUPATION (Give kind of work 10B, KIND during most of working life, even it retifed)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done	Registered Nurse Ho	spital	MARY	land.	U. S.A.
13. [ATHER'S NAME		14. MOTHER'S MAIL	DEN NAME	
	Toba S. S.	ShepidAN.	moo	apret Co	11A HAN. ADDRESS
1S. Y	Vos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	THIOL CH	ADDRESS
	,no or unknown) (If yes, give wor or dates of servi	ce) SECURITY NO.	11	0 33	<i>u</i>
NO		1/3-U1-1648A	Mrs. Alice	S. Hoop, Same a	as # 4
	18.410,9	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		0.4	Y	
		(A) IMMEDIATE CAU		RDIAL INFAR	CTION 18 DAYS
	(This does not mean the made of dying, heart foilure, ostheria, etc. It means the dise		CONSEQUENCE OF:		
	injury or complication which coused death.)	^			
	ANTECEDENT CAUSES	(B) ARTERIO	SCLEROTIC	DISEASE	LAR EARS
	DISEASES OR CONDITIONS, if ony, giv	ving DUE TO, OR AS	A CONSEQUENCE OF	DISEASE	00 aa wa 00 w a 0 w § w 00 0 0 0 a Waari a n da dha n n a 7 a 63a a e e o o
	rise to the obave cause (A) stating				
	UNDERLYING CONDITION last,	(c)			
-	420.1				
õ	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN				
AT	DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL		**************************	***************************************
FIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Y		FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFICATIO	O			III CZKIII III O CZ	TOSES OF DEATH.
AL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, tarm, factory, street, off etc.)	or obout 21 C. WHERE	E DID (It in Boltimo	ore City, give exoct locotion)
U		21E. INJURY OCCURRED	OLE HOW DID WILLIAM OCCUPY		
MEDI	OF INJURY (Month) (Day) (Year) (Hour)			DID INJURY OCCUR?	
<	(APPROX.)	While At Work Not While At Work			
- 1	22. I certify that (I) (this hospital) attend	ed the deceased from	1-13	19 68 ta 1	- 10 1968,
			10 18		inion death accurred an the dote
	that (1) (we) last saw the deceased alive				inion death accurred an the dote
	and haur and fram the causes stated abov	e. (I) (We) (did) (did not) vi	ew the bady after	death.	
11	23A. SIGNATURE			/	23B, DATE SIGNED
	Jeanne S. Know	M, D. Atter	nding Med.	Staff Phys	Jan. 10, 1968
	23C. PHYSICIAN'S	OEGREE 1	3D. ADDRESS	// / II/3	
	23C. PHYSICIAN'S NAME (Type) Jeanne S. K	Laus M.D.	Merco	Hospital	
24A	BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CRE	MATORY	24D, LOCATION (C	City, town, or county) (State)
944	REMOVAL (Specily)	Lorraine Mausol			
				Woodlawn, Ma	ADDRESS
23 A	JAN 1 5 1968 P P	ME OF REGISTRAR	Wm. Cook-	Brooks Towson,	1050 York Road
	المالية	// CADOCA:	6 6 31	2017	Towson, Md. 21204
1/5	50-REV. 1/1/6B				

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Jeanne S Krans, M.S. Mary Hospital

IMPORTANT

DIRECTOR:

FUNERAL

Hi adler me Hospit 3/2 E. 20 th Street 12/24/04 62 Manual S.C. Wallet None los Vallions, 50. Halia Stales go war of so affect affect the for the second Coretor Vermlar Surder Szene beginnemen --William From Underson Prigin 11/1 2 /2/2019. 0 T Wand 4 1 1 30

11/	11-630 62 0	BALTIMORE CITY	HEALTH DEPARTMENT		68	0430	
10	TH NO.	CERTIFICA	TE OF DEATH	Registered Na	00	0200	
M.	E. CASE NO. NAME OF DECEASED	<u> </u>		ND HOUR OF DEATH			
(Ту	pe or Print) Ward Elsie M.		1	-11-68		3:50P. M	
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institut	in and start	4. USUAL RESIDENCE (WHA, STATE B. COU Marylan	NTY	stitution: reside	ence before odmission)	
	HOSPITAL OR oddress or locotion)	ion, give siteel		utside city limits, write R Baltimore	URAL ond giv	ve township)	
0	St. Agnes Hospital		D. STREET ADDRESS	f rural, give location)	lve.		
5.	SEX 6. RACE 7. MARI	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years		Yr. If Under 24 Hrs.	
F	Temale Negro	Married (specify)	10/15/21	lost birthday)	If Under 1 Months; Do		
	A. USUAL OCCUPATION (Give kind of work 10 B. KIN) the during most of working lile, even if refired)	Cia Security	11. BIRTHPLACE (Stole or for	Va .	12. CITIZEN WHAT	COUNTRY?	
13.	FATHER'S NAME	0 :00	14. MOTHER'S MAIDEN NA	Rom			
15.	Was Deceased Ever in U. S. Armed Farces?	of SOCIAL	17. INFORMANT	Deamy	AD	DRESS	
(16	(If yes, give wor or dotes of servi	215-14-5928	JAMES L.B. WI	ARD 32,	19 MA	SSAchuseTE	
	DISEASE OR CONDITION DIRECTLY		OF DEATH BYOLG	+ 18.1.+	ON	ERVAL BETWEEN	
	LEADING TO DEATH (This does not meon the mode of dying,	(A)	thoma predsi	19/10/	6	yldrs.	
	heart failure, asthenia, etc. It means the dise injury or complication which caused deoth.)		Metastesis	to lun	Is Ap	rif 1967	
	DISEASES OR CONDITIONS, if ony, gi	DUE TO ving	1				
	rise to the above couse (A) stoting UNDERLYING CONDITION last.	The 3/19 1.	Herenz lecto	my	2.	4 45.	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING Bilet 1.	Ads frefom	y	5	475.	
CERTIFICATIO	19A. DATE OF OPERATION 198. CONDITION F	Chome Stace	120A. AUTOPSY? (Yes or)	208. IF YES, WERE F	INDINGS CO	NSIDERED TH?	
CALCE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in or obout 21°C. WHERE DID iffice bldg., INJURY OCCUR?	(If in Boltimore	City, give ex	xoct locotion)	
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED While At Not White At Work		JURY OCCUR?	111	1.01	
	22. I certify that (I) (this haspital) attended the deceased fram 19 to 19						
	that (1) (we) last saw the deceased alive		/9 and	that in (my) (aur) apir	nion death o	accurred an the dat	
	and haur and from the couses stated about	(1) (me) (qid) (4:10)	view the bady after death	. /	238, DATE S	IGN PD	
	AL MY	hat mid		Stoff Phys.	1/11	168	
	23C. PHYSICIAN'S NAME (Type)	Froth M.D.	23 D. ADDRESS	tgnes H	0 /6	/	
24	A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	1 1111	, ,	ly, to n, or	ounty) (Stote)	
25	BURIAL 1/16/68 A. DATE REC'D BY HEALTH DEPT. 25B. NA	CARUER I	1em. K. L	AURE		Ma. ADDRESS	
N.	JAN 1 5 1968 Res 8	. Farley Ma	11/11/10	4 11/11	71	10014	

Care Sample Colony Magge & Colony Service Strains

Emale Hilles Carte Hemili carri

25C. FUNERAL DIRECTOR

ADDRESS

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BURIAL

VS 151-REV. 1/1/6B

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

32 19t - 17 35 Balle, Md. E.S.A. Richard Lyles POPHER MATTIE hales Clark yes wast somewhat Sunah helps low there BUCKAL 1-15-68 BALLO NOT. Ballo Hd.

Macron to Dept 1901 Linescent

0432 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) DATE Known | Month Year Hour THOMAS ALBERT HARDY OF Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Hour Month Dov Yeor PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF 3:06 A M 13. 1968 January HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY Lutheran Hospital (DOA) Maryland C. CITY OR TOWN 6. SEX 7. RACE D. INSIDE CITY LIMITS? B. MARRIED NEVER MARRIED Baltimore Male Negro WIDOWED YES DIVORCED L NO E. STREET AND NUMBER 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy) Months | Doys | Hours | Min. 3032 Pressman Street 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? BA140. nomas 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME aneduring most of working life, even if retired) A-wod INCHEIR DERNE 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 1B. INFORMANT **ADDRESS** SECURITY NO. (Yes, no or unknown) (If yes, give wor or dotes of service) 214-40-7490 3032 FRESSIM A DM A APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) IMMEDIATE CAUSE Intravenous narcotism LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES (B)_______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL CERTIFI DISEASE OR CONDITION GIVEN IN PART 1 (A). 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes ₹ 22A. 22B.PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) 22F. HOW DID INJURY OCCUR? (Yeor) (Hour) 22E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE (APPROX.) AT WORK WORK 23. I certify that I held an Inquiry Inspection Autopsy X and that an this basis, death in my apinian Accident Suicide Hamicide ___ resulted fram: Natural causes X Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE M.D. EXAMINER'S ASSOCIATE MEDICAL EXAMINER January 13, 1968 Charles S. Springate, M.D. NAME (Type) 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify)

250. FUNERAL DIRECTOR

ADDRESS

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VS 151-REV. 1/1/6B

DATE REC'D BY HEALTH DEPT

25B. NAME OF REGISTRAR

7-12-46
Ballon Md. 4.5.0 Thomas E. Hardy
A. A. C. Feel Industry Berne Barne
Methodo Thomas E. Hardy 303- Property

Briefit 1-17-68 Att Calundy A.A.Co. Mit

Macron + Dept 1901 investor

4.500

ACTUAL SIGNATURE.

EXAMINER'S

NAME (Type)
24A. BURIAL CREMATION,
REMOVAL (Specily)

25A. DATE REC'D BY HEALTH DEPT.

JAN 15 1968 R

VS 151-REV. 1/1/68

24B. DATE

Werner U. Spitz, M.D.

25B. NAME OF REGISTRAR

24C. NAME of CEMETERY or CREMATORY

4-560 68 0433 BALTIMORE CITY HE	/	68 0433
MEDICAL EXAMINER'S (CERTIFICATE OF DEATH REG. NO	00 0400
NAME OF DECEASED	2. DATE Known X Manth Day	Year Hour
e or Print) HESTER HAYNES HAYNER	II 0E	968 2:23 A. M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Year Hour
L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD January 12, 196	8 2:23 A.M
NSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution:	residence before odmission)
CITY HOSPITAL (DOA)	A. STATE Maryland B. COUNTY	53-00
7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
emale Negro WIDOWED DIVORCED	Dundalkre ye	X No 🗆
ATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. Iast birthdoy) Months, Doys, Hours, Min.	E. STREET AND NUMBER	
last birthdoy) 37 Months Doys Hours Min.	611 Main Street	
BIRTHPLACE (State or lareign country) 12. CITIZEN OF	13. FATHER'S NAME	
INAS MOUNTAIN N.C. WHAT COUNTRY?	Koosevelt Inomosoi	
USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAME	
Lousewite	MARGGIE LATTIMORE	
WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18 INFORMANT AD	DRESS
, na or unknown) (If yes, give war ar dates af service) SECURITY NO. No. No.	Kolpent Haynes 611	MAIN ST.
19 CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Subarach	noid Hemorrhage	DETITIENT OFFICE AND DEATE
LEADING TO DEATH (A)IMMEDIATE C		
	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES (9)		TO VALUE OF
	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST		
(C)	***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No) Yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	in or about 22C. WHERE DID (If in Baltimare City, give exacte bldg., etc.)	lacotion)
22D. TIME (Manth) (Day) (Yeor) (Haur) 22E.INJURY OCCURRED OF INJURY WHILE AT NOT	WHILE 22F. HOW DID INJURY OCCUR?	
23.		

CHIEF MEDICAL EXAMINER

24D. LOCATION

AS SISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

DATE SIGNED

(Stote)

1-12-68

(City, town, ar caunty)

ADDRESS

Kings Manutain, N.C. U.S.A. Rosserelt Thompson Marggie Lattimore the married MONE GODERT HAYARE GOT MAIN TI

MORTON+ Syell 1701 FAURTHON

Bureigh 4-17-68 Hopenell Church Com Shelpy

VS 151-REV. 1/1/68

8-16-24 Dichan, N.C. List. Eulie Bensley Bricklager Constantion Rose Lucille Jiggetta Yes wat margasy Romains Benday 2845 Speller

BURGE - 19-68 Balla MATERIAL Ballo.

Harran + Digit 1701 Lanker

· by

25C. FUNERAL DIRECTOR

ADDRESS

25B NAME OF REGISTRAR

VS 151-REV. 1/1/6B

REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEP

	7.000 e.c	CERTIFICATE OF DEATH REG. NO. DE USAGE	
90	of death Of death Decease te on the	INAME OF DECEASED Daughty Kate 2. Date and Hour of Death 1/1/68 1/:30 S. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before odmi	O. M
	in a hosp ng cause c cause; (5) c attendance ior to dea	THE JOHNS HOPKINS HOSPITAL	5
•	eath occurred or contribution indetermined s in regular deceased pri	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) Norths Doys Hours Norths Doys Hours North Norths Doys Hours North Norths Doys Hours North Nort	Ain.
	dec Un Vas	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
=	direct; (4) U; wa	SAM JOHNSON RACHEL HAMMETTE	
MA	ssistan the d kind; deatl nce or final d	5. Wos Deceosed Ever in U. S. Armed Forces? fes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT RECIPT GALIES TO THE PROPERTY AVA.	
NERAL DIRECTOR: IMPORTAN	f medical examiner or his as medical examiner. Also, if y burns; (3) A fracture of any physician who pronounced ian was in regular attenda e remains are embalmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stoling the UNDERLYING CONDITION to the UNDERLYING CONDITION to the UNDERLYING CONDITION Self-attention (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OR CONDITION GIVEN IN PART 1 (A). Production 20A. AUTOPSY? (Yes or Not) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED	
FUN	y the chie ital by a e; (2) Bod here the No physic before th	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?	
	hospi nature ept w d (6) P ained	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While Work At Work	
•	must be appro- eleased to the iccident of any a hospital (exc to death); an	22. I certify that (I) (this haspital) attended the deceased fram 19 5 and that in (my) (aur) apinian death accurred an the and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) DUDLEY D. GOULDEN THE JOHNS HOPKINS HOSPITAL	
	This certificate the body was is shows: (1) An a was D.O.A. at deceased prior written approv	24A. BURIAL CREMATION, 24B. DATE 148/68 1868 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 24D. LOCATION (City, town, or county) ADDRESS JAN 15 1968 Robert E. Farbytha Abure S	tote)
		'S 150-REV. 1/1/68	

BALTIMORE CITY HEALTH DEPARTMENT

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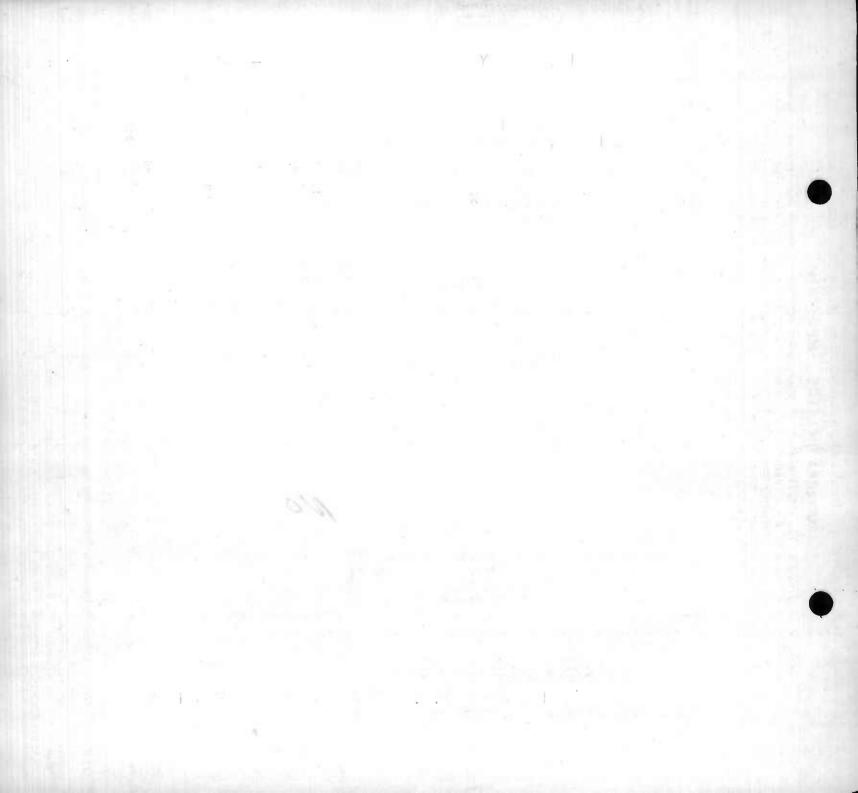
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

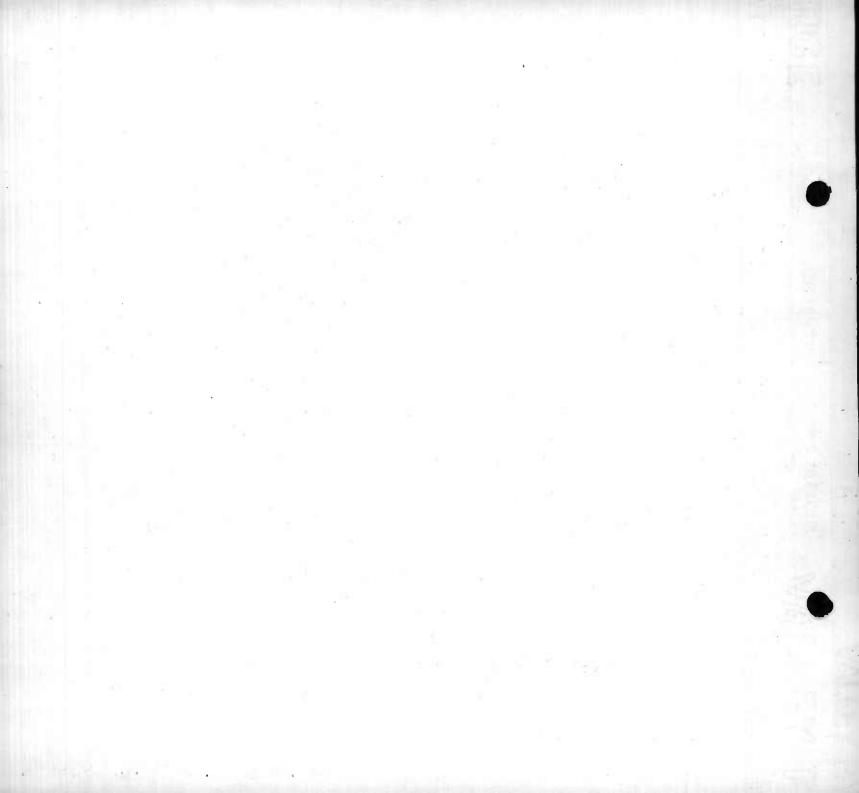


VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



C-650 00 04	BALTIMORE CITY	HEALTH DEPARTMENT		CO 0400
68 04	39 CERTIFICA	TE OF DEATH	REG. NO	68 0439
BIRTH NO.	CLKTITICA			
1. NAME OF DECEASED		and the same of th	HOUR OF DEATH	125
(Type or Print) Mary T. Gre	en	Januar	4 10, 196	5 PM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	*		deceased lived. If	institution: residence before admission)
		Maryland		- 28
FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATION)	ITUTION, GIVE STREET	C. CITY OR TOWN	In IN	CIDE CITY HARROA
INSTITUTION		Baltimore	D. IIV	ISIDE CITY LIMITS?
6 116 1				YES X NO L
yould Convalesarium		E. STREET AND NUMBER		
Gould Convalesarium 6116 Belair Road		3808 Ednor Roc	id	
S. SEX 6. RACE 7. MARRIE	NEVER MARRIED	4 4	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Days Haurs Min.
Female White WIDOWE	DIVORCED T	10/26/1881	of bigthday)	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n cauntry)	12. CITIZEN OF WHAT COUNTRY?
done during mast af warking life, even if retired)	. (0.	Baltimana Ma	nuland	USA
Retired-secretary Spec	lden Shipbuile	ACIU .	ryland	Uari
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
Joseph Green		Bridget DeV	annau	
15. Wos Deceosed Ever in U. S. Armed Farces?	1 6. SOCIAL	17 INFORMANT	unieg	ADDRESS
(Yes, na ar unknawn) (If yes, give war ar dates af service	SECURITY NO.			
NO		Mr. James O'Doi	nnell 170	Cedarcroft Rd.
18,//	CAUSE OF DEAT	H	47	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH		USE Cerabral #	la trong las	
(This does not mean the mode of dying, e.g.	(A) IMMEDIATE CAT	A CONSEQUENCE OF:	7000000	<u> </u>
heart foilure, asthenia, etc. It means the diseas	е,	A CONTRACTION OF .		
injury or complication which coused death.)		1. + '		
ANTECEDENT CAUSES	(B)	arterioscleri	ools	
DISEASES OR CONDITIONS, if ony, givin	g DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the obove couse (A) stoling th				
UNDERLYING CONDITION IOSI.	(c)			
_332X II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
DISEASE OR CONDITION GIVEN IN PART 1 (A).			••	
19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes ar Na)	20B, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF OPERATION WAS PERFORMED				
O 21A. ACCIDENT WAS UNDERLYING	B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID iffice bldg., INJURY OCCUR?	(If In Baltim	are City, give exact lacation)
DEATH (notify medical examiner)	c.)	inice bidg., INJURI OCCOR!		
U				
U OF INJURY	E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	Vhile At Not Whi			
22	Aba dasassad farm	may 15 19	63	1/10 10.68
22. I certify that (1) (this hospital) attended				1/10 1968,
that (1) (we) last saw the deceased alive on	1/10	19 6 8 ond that	in (my) (our) of	pinion death occurred on the date
and hour and from the causes stated above.	(1) (We) (did) (did not)	view the body ofter death.		
23A. SIGNATURE				23 B. DATE SIGNED
* -0 2 4 5 Th.	Ma Att	ending Med. S	taff	1/11/68
Janer 6 10th	MD OEGREE Phy	rs. Director P	haff hys.	11.100
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS		
ROBERT E.	MAV MD	5662 T	the all	amela
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CR			City, tawn, ar caunty) (State)
REMOVAL (Specify)				
Burial 1/13/68	New Cathedral	(emetery Bali	timore, M	aryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JAN 1 5 1968 (R.D. B & to	In View Holl	John A M.	Inc 300	O E. Baltimore St.
ALMA A MAN A PORTA CA SO	7	10 de Milloran	014	- Committee Jre



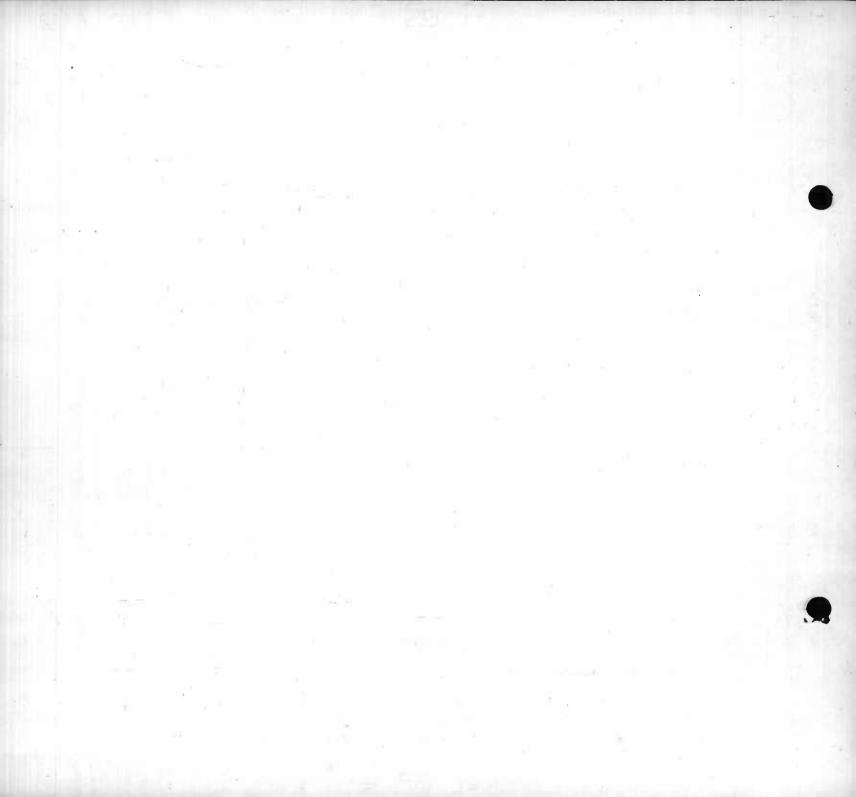
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FO.	, hd.	-	CERTIFICA	TE OF DEATH REG. NO.
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	deat deat deat deat deat deat deat deat		e or Print) () A in las Pas 4 / 5 - 1	(Hill) 1/13/68 3:35am 1
Y D	h.	3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
PRINGA	d o D o to	3.	EACE IN BALLINORS MARKENIS, BITER I ROTTORICED DEAD	A. STATE, B. COUNTY
= X	se os (5) Dance	FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	MARYLAND CITY OF BALTIMORE
9	o de;	IN:	TITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
S	Us T T	13	THE JOHNS HOPKINS HOSPITAL	E. STREET AND NUMBER
ax.	ca c	Y		900 N Washington St.
	e to b	E .	7× // 24C5	
>-	rib nin gule sed	5. 5	Makkied Never Makkied	8. DATE OF BIRTH 9. AGE (In Yeors II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
	rm rm eg		WIDOWED DIVORCED D	7/11/2/ 40
7	h co		USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	
>	de inde		Food PACKEY	CAMDEN, S.C. U.S.A.
PRO	d C d	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
d _	rect (4) U (4) U way the ispos		JAMES CARLOS	MACCIE / DURS
Z A D	C	15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	MAGGIE LONGS 17. INFORMANT ADDRESS
_ 04	0 0 0 0	(Ye	,no or unknown) (II yes, give war or dates of service) . SECURITY NO.	1 . 1
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000	if if it if it if it		18. 25 O, OI	BETWEEN ONSET AND DEATH
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ш«	er trong		b t - 1	CREATITIS).
	ac ac me			chi acidoris, AND
X ===	E to to e		ANTECEDENT CAUSES	CIC acidons, AND
ZAW	X X X		DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	OVacal
W X	3 in 18		UNDERLYING CONDITION lost.	(Cleans)
0	lical cal ns; icici		260X II CARD	IMC ARREST DURING
SA	died Vs ys	NO.		FASTROSCOPY
402	T m m m m m m m m m m m m m m m m m m m	AT	DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	od od	F	19A. DATE OF OPERATION 19B. CONDITION FOR WAICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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H. H.	to place of the state of the st	1	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in local long). In local long, local long, local long, street, of	in or about 21 C. WHERE DID (If in Baltimore City, give exact lacation)
CAF	S S S S S S S S S S S S S S S S S S S	CAL	DEATH (notity medical examiner) etc.)	JOHNS HOPKINS HOSPITAL
OH	d b osp ttur (6)	III III	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	CARDIAC ARREST DURING
	ho ho	2	(APPROX.) 1-11-68 5 PM White At Not White At Work	GASTROSCOPY.
ш	0 0		22. I certify that (I) (this hospital) attended the deceased from	1/11 196/ to 1/13 196/
Ш	by x x t t		110	
- LEE	ppro any (exc ; an		that (I) (we) last saw the deceased alive an /// ~	
SALEE	ap to of al (h);		that (I) (we) last saw the deceased alive an	19 6 and that in (my) (our) opinion death occurred an the date
ROSA LEE	be ap ed to nt of a pital (eath);		and hour and fram the causes stoted abave. (1) (We) (did) (did not) v	19 6 and that in (my) (our) opinion death occurred on the date view the bady after death.
ROS	be ap ed to nt of a pital (eath);		and hour and fram the causes stoted abave. (1) (We) (did) (did not) v	iew the bady after death. 238, DATE SIGNED 238
F ROS	sed to sed to ant of a spital (eath); ust be		and hour and fram the causes stoted abave. (I) (We) (did) (did not) v 23A. SIGNATURE Attention At	and that in (my) (our) opinion death occurred an the date view the bady after death. 238, DATE SIGNED 238, DATE SIGNED 238, DATE SIGNED 248, DATE SIGNED
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E BODY OF ROS	certificate must be ap body was released to vs: (1) An accident of a D.O.A. at a hospital (sased prior to death); ten approval must be		and hour and fram the causes stoted abave. (1) (We) (did) (did not) v 23A. SIGNATURE Ather Physician's NAME (Type) THOMAS C. BUTLER DEGREE BURIAL CREMATION, 124B. DATE 24C. NAME of CEMETERY of CRI	and that in (my) (our) opinion death occurred an the date view the bady after death. 238, DATE SIGNED 230. ADDRESS 601 N. Broadway
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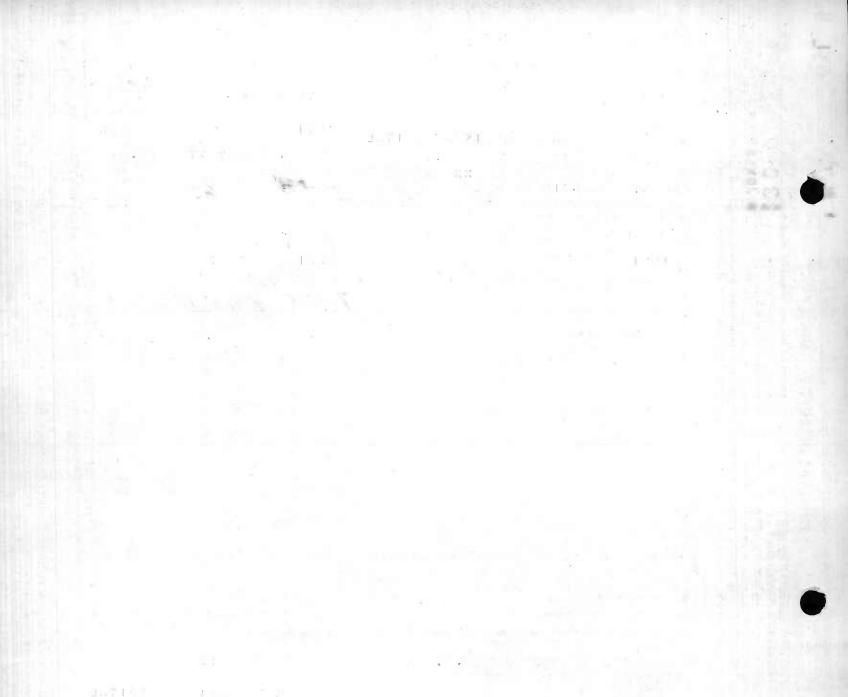
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(C) \$7 (D)	arth the th		H NO. AME OF DECEASED				AND HOUR OF DEATH	
17 Day C	o de co	(Typ	e or Print)	s Jo	Nes	8 P	m 1/8/18	м.
12 L 17	Dec of the contract of the con	3. P	LACE IN BALTIMORE, MARYLAND, WI	HERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (VA. STATE B. CC	Where deceased lived. II ins	titution: residence before admission)
COULDING.	SS (S)	FUL	L NAME OF (1F NOT IN HOSPITA SPITAL OR ADDRESS OR LOCA	L OR INSTITUTIO	N. GIVE STREET	md.	Baltimore	Co 53.00
	4 sy	HO	SPITAL OR ADDRESS OR LOCA			C CITY OF TOWN	D. INSI	DE CITY LIMITS?
	Ca Ca	1	Baltinore	ity Mo	spital	principles.		YES NO
	rior rat	49	40 Eastern Ave. Balt:	imore, Ma:	ryland	E. STREET AND NUMBE	Back River	Neck Road
	de red	S. S	EX 6. RACE	#21224		B. DATE OF BIRTH	9. AGE (In years	
	rib ed an	3, 3	m - n		NEVER MARRIED	4/14/14	last birthday	Months Doys Hours Min.
	ocont ont regree	10A	USUAL OCCUPATION (Give kind of work	WIDOWED N	DIVORCED	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	the economic		during most of working life, even if retired)			Unknow		U.S.
	or Inde s in de	12.	Unknown	www	nown	14. MOTHER'S MAIDEN	MAAAE	0,10,
	if d (4) U wa the spos	13.1	TATHER'S NAME			7	NAME	
5	1		• (ſ		400000
A	ind ind al	Yes	Nos Deceased Ever in U. S. Armed Ford ,no or unknown) (If yes, give wor or date:	of service)	SOCIAL SECURITY NO.	17. INFORMANT	chart	#2722/
IMPORTANT	sis the definition	V	Intrown		Undnown	BCH: Records	4940 Eastern	
Ö	if is		1B./ 5.3 , 8		CAUSE OF DEATH			BETWEEN ONSET AND DEATH
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ä	rtur group		heart failure, asthenia, etc. It means injury ar camplication which caused	the disease,	por 10, on Ab	COMPAGNICA OF	9	
Ö	- C B - E		ANTECEDENT CAUSES		· Robe	gentomal	alone	4-6 who
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5	by the	CERT	21A. ACCIDENT WAS UNDERLYING	- CA	to vacutarial a	or about 21 C. WHERE DI	D (If in Boltimor)	e City, give exact location)
11.	the al by (2) ere o ph		OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, f	orm, foctory, street, of	n or about 21C. WHERE DI fice bidg., INJURY OCCUI	??	,
	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	O	21 D. TIME (Month) (Day) (Yeor)	(Hour) 21F IN	IURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
	- v - c v	ME	OF INJURY (APPROX.)	White A	Not While			
	פֿיס פֿים בֿ			Work	LJ At Work	11/23/	4.4	18 10 69
	the the an an obt		22. I certify that 🎢 (this haspital			1 2	19 67 to	
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	ast be a cased to dent of ospital death) must b		and haur and fram the causes stat	ed abave. (I) ()	(did) (did not) v	iew the body after dea	th.	23B, DATE SIGNED
	eas ide ide nos p		23A. SIGNATURE	200 N	Atte	nding Med.	¬ Staff ┌¬	1/8/68
	E + C E =		Chock Bringing Control	nore 1	DEGREE	Director L	J Phys. □	e /- 1-
	An a An a prior		23C. PHYSICIAN'S NAME (Type)			690	OE Pratt	Sfratimore, Md.
		2.4.4	J. Dorman M.D.	040 21414	DEGREE			4940 Eastern Ave.
	F-2000 -	24 P	REMOVAL (Specify) 24B. DATE	Z4C. NAMI	of CEMETERY or CRI	24	41/20	L 100 1
	ws: ws: D. D.	-	sured Jun 12/	58 MM	Mubella	O CEMU,	Weller	ADDRESS
	This certif the body shows: (1) was D.O./ deceased	25 A	. DATE REC'D BY HEALTH DEPT.	25B. NAME OF R	T. O	2SC. FUNERAL DIREC	6 9.4.1	CHA 1/04 9 P. 1.
	F + 0 > 0 >	1	150-REV. 1/1/68		A STORAGE AND THE	Mullon	Q. Corece	11×111. Lacher
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VS 150-REV. 1/1/68



VS 150-REV. 1/1/6B



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO

ADDRESS

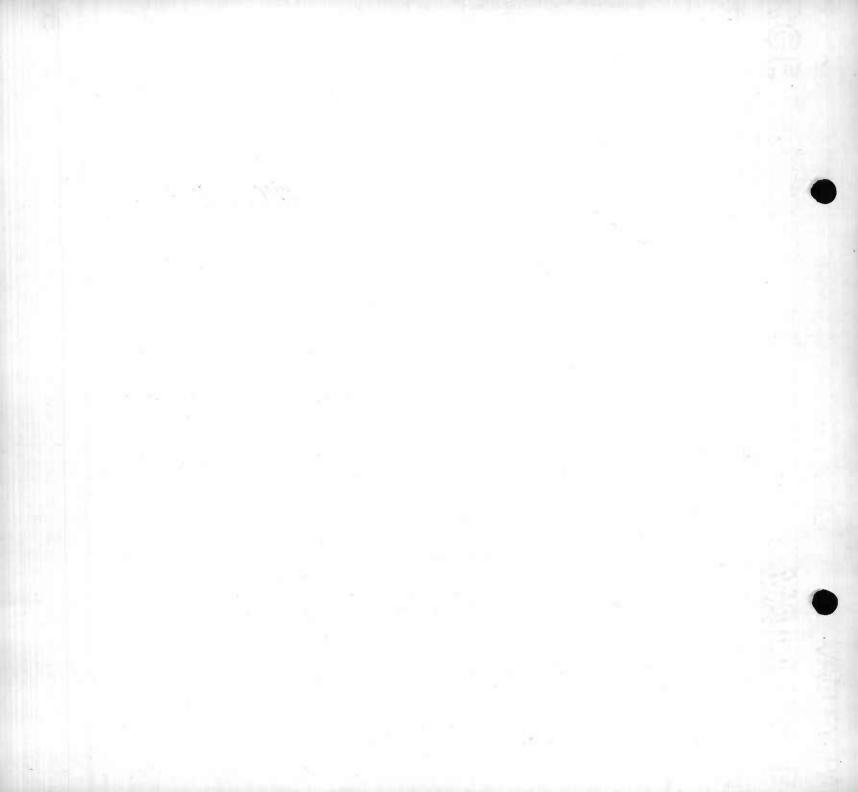
APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

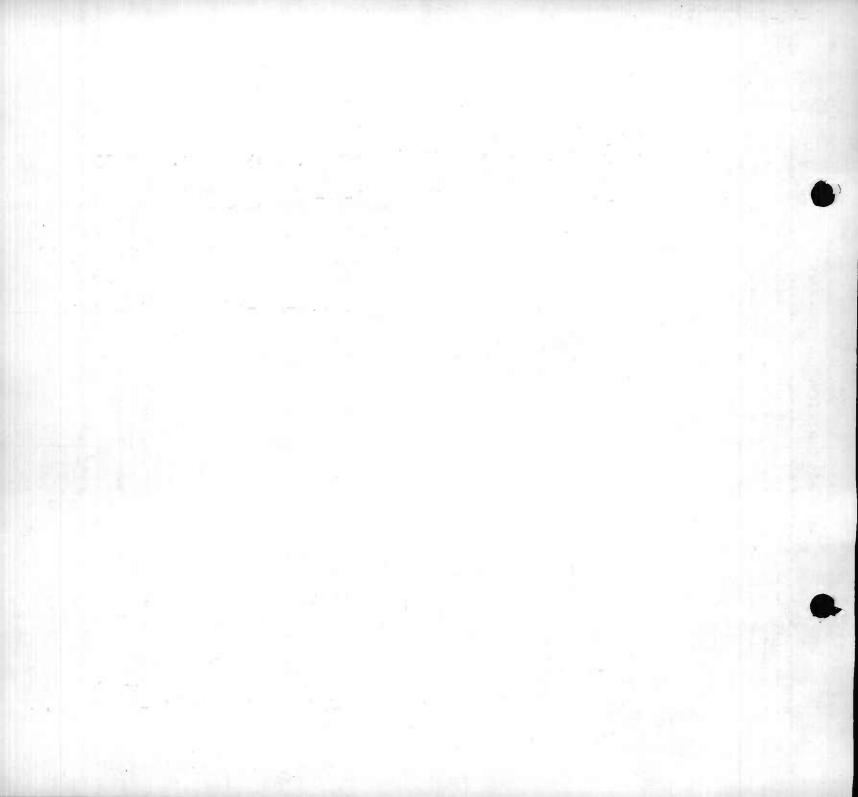
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If Under 24 Hrs.

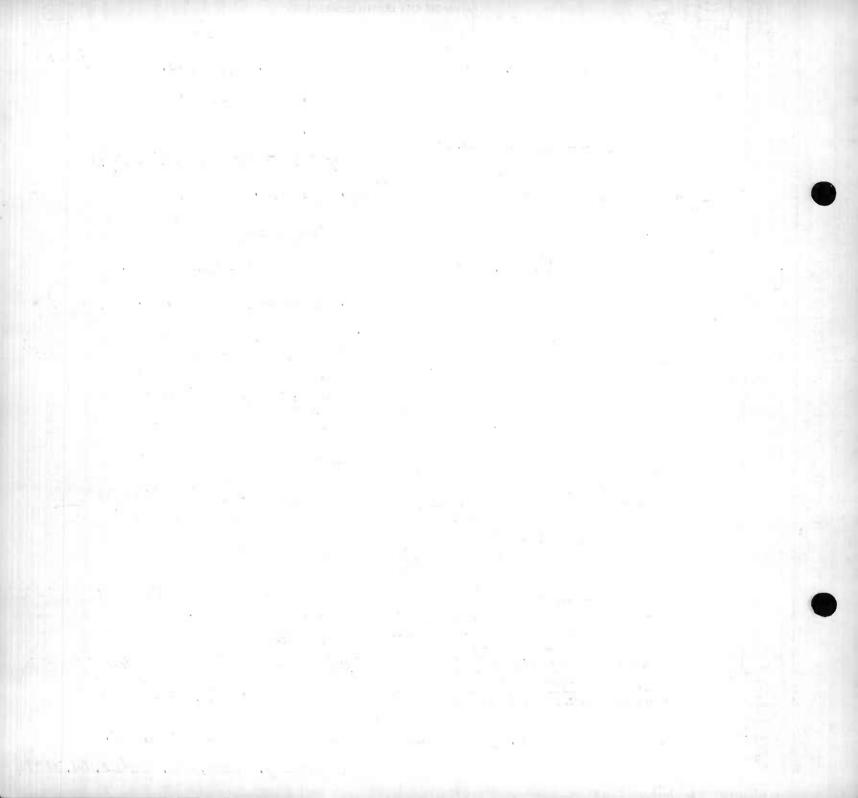


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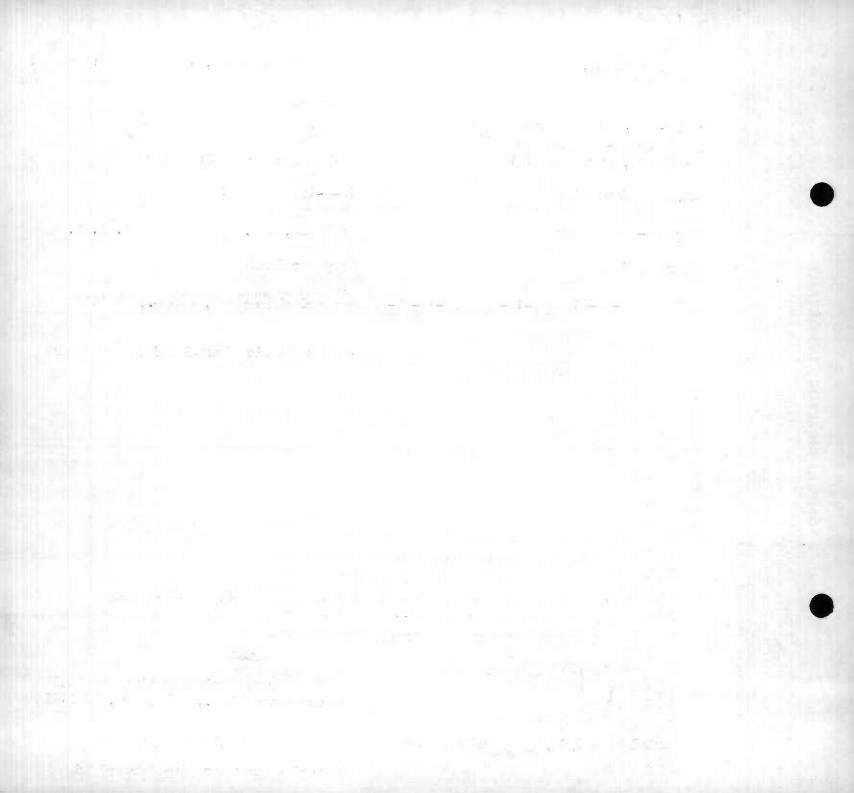
2161	BALTIMORE CIT	Y HEALTH DEPARTMENT	1/	68 0448
68 0	448 CERTIFICA	TE OF DEATH	REG NO	0 1 10
BIRTH NO.	CERTIFICA			
1. NAME OF DECEASED (Type or Print)	0	2. DATE AN	D HOUR OF DEATH	in On
Holon M.	Rever	Jan.	14. 1968.	100."
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased tived. If institu	ution: residence before admission
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FULL NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	ma.	Dacomone	·Co 3401
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
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of o gooda Contra		1400/-	4.110 NI	Do
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S. SEX 6. RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years It	f Under 1 Yr. If Under 24 Hrs ionths: Doys Hours: Min.
Female White WIDG	OWED DIVORCED		75	
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fone during most of working life, even if retired)			gii dodiiiiy	4.457.4
Homemaken		Maryland		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
	0 0	711 - 1111 - 1111		1 1 1
William	4. Rever		Ulivia (roo	kshanks
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
res, no or unknown) (If yes, give wor or dotes of ser	vice) SECURITY NO.	M C	Olivia (roo Gonzales, Jr	(5)
/Vo		Mrs. Crnesto	yonzaces, yn	. (Same)
18. 1 P > 0	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
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DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		garno gru	500000	Lhins
(This does not mean the made all dying,	(A) IMMEDIATE CA		provo.	11000
heort foilure, asthenia, etc. It means the dis		A CONSEQUENCE OF	1 1	
injury or complication which caused death.)	gr.	0 10 011	1 / / .	
ANTECEDENT CAUSES	-/1	margined VI	10 Mastares	
	(8)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if any,	gi viii g	S A CONSEQUENCE OF:		
rise to the above couse (A) stoting UNDERLYING CONDITION last.	(C)			
	(C)			
753.8 II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM				
IDISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL			
198. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or No	10 CERTIFYING CAUSE	DINGS CONSIDERED
WAS PERFORMED	-	-	IN CERTIFYING CAUSE	S OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B PLACE OF INITIRY (e.g.	in at about 21 C. WHERE DID	(If in Rollimore C	ity, give exact location)
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	office bldg., INJURY OCCUR?	(ii iii bolimiore C	my, give exoct locotion)
DEATH (notify medical examiner)	etc.)			
21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2 of 11130K1	White At Not Whi			
(APPROX.)	Work Not Whi			-1
22 1	dad at all alarmed t	19/00	10 Atr	114 168
22. I certify that (1) (this haspital) atten	ded the deceased from	1 1 9	19to	19 - 2
that (I) (we) last saw the deceased alive	on Mill	19 88 and the	ot in(my) (out) apinia	n death accurred an the do
and hour and from the causes stated abo	UN CHANGE (ALLAN CALLANA)	view the bady often death		
	(10) (10) (0	view the bady after death.		
23A. SIGNATURE	1-0	. 1		8. DATE SIGNED
THEMING (C) (NI	VVIII DL.	ending Med.	Staff Phys.	101 10/08
23 C. PHYSICIAN'S	DEGREE TO	23D. ADDRESS	11 /7 (10
NAME (Type)	16th MID	F714	1da1/- 6	1812 de
CAMES L. YY	nile III.	5217	1 rugora	OW THE
4A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF CR	EMATORY 24D. 14	OCATION (City,	town, or county) (State)
REMOVAL (Specify)				A
Burial 1/18/68.	Greenmount (emetery	Baltimore,	, 111d.
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JAN I 5 1968 A A 6	7.0			Balot.Md. 21214
Color Color &	, Jakey Mil	Leonard J.	Nuck, ync. I	Jacox.111a. 21214

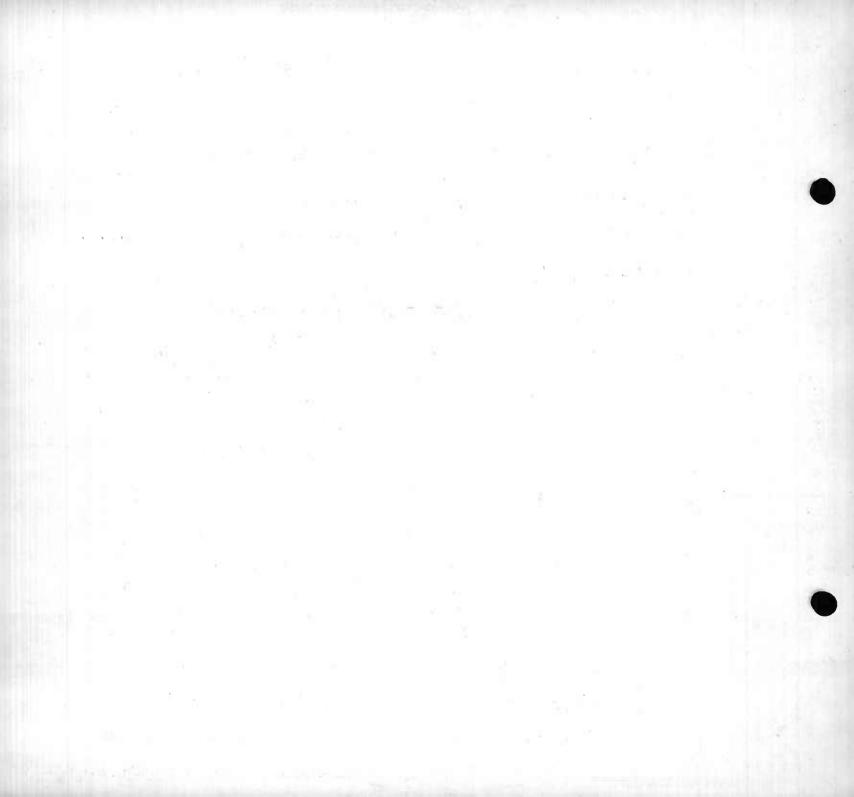


Leonard & Ruck Inc 5305 Harford Rd

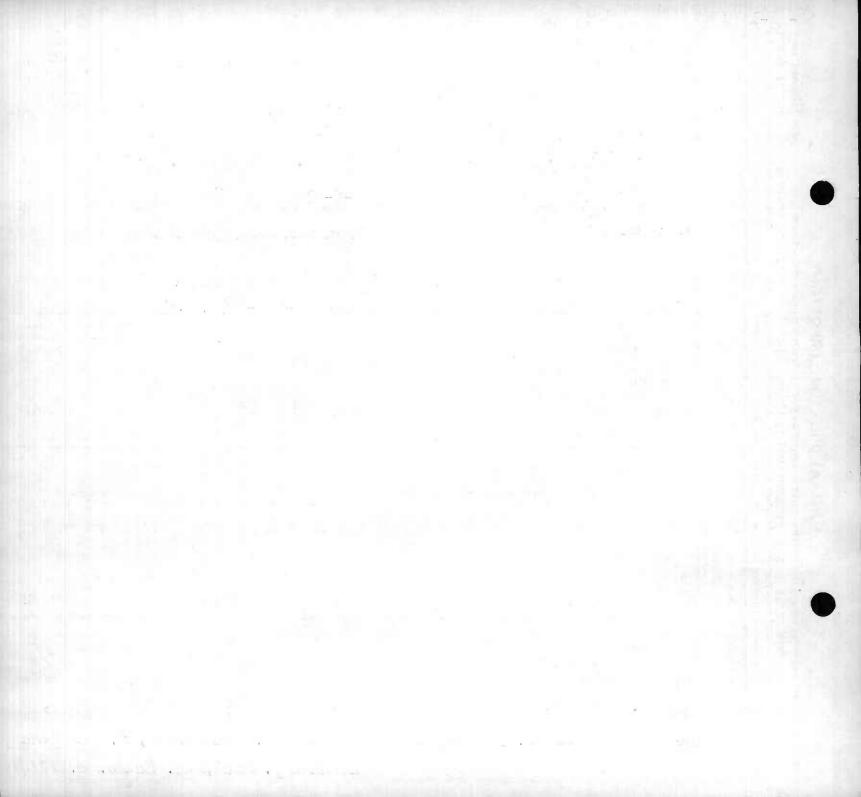
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BIR	RTH NO.									
1. N	AME OF DEC	EASED				2. DATE AND	HOUR OF DEAT	Ĥ		
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3.	PLACE IN BAI	TIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RE	SIDENCE (Where	deceased lived. If	institution: resid	dence before	ode
FU	ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITU	UTION, GIVE STREET	Maryl c. City or to	and		ISIDE CITY LIM	7-	7
1	Veterans	Administration Raven Boule	_	oital	Balti E. STREET AN	more		YES V	NO]
_		e, Maryland			61384	Loch Ra	ven Boulev	rard		
	SEX	6. RACE		NEVER MARRIED	B. DATE OF B	IRTH 9	. AGE (In years	If Under 1 Months: De	Yr. If Un	der
1	Male	Caucasion	WIDOWED		12-9-1		51 birthdoy	Months; D	bys Hours	
		UPATION (Give kind of wor working life, even it retired)	k 10B, KIND OF	BUSINESS OR INDUSTR	TY 11. BIRTHPLA	CE (State or foreig	n country)	12. CITIZEN	OF WHAT	CC
1		- Road Work	127-7		Wankes	gan, Ill.		U.	S. A.	
	FATHER'S NA					S MAIDEN NAM	E		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	Henry Jo					Gronlund				
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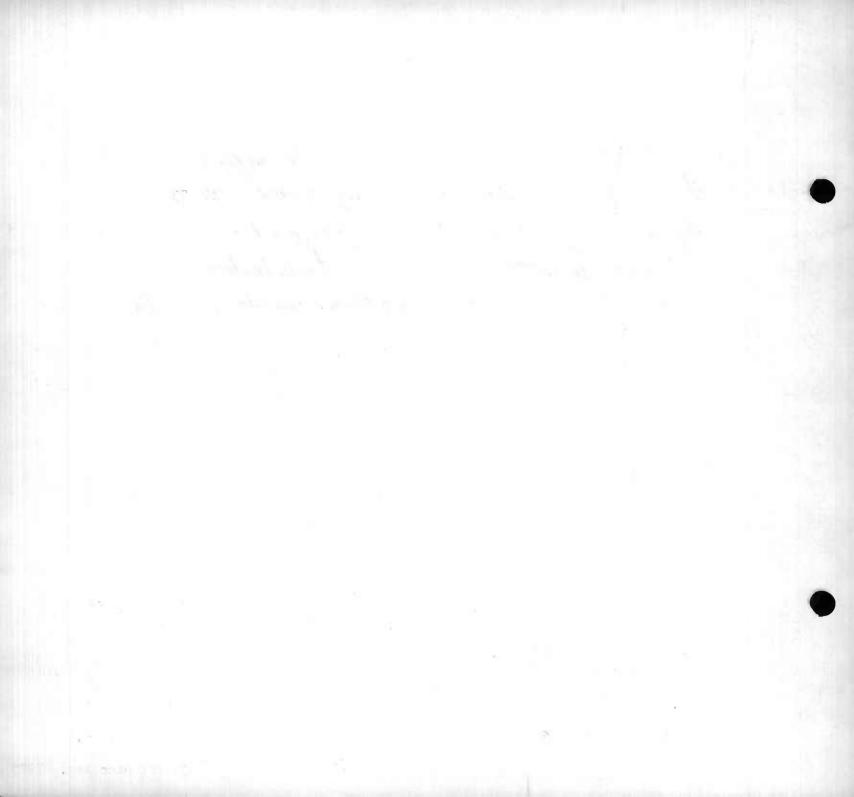


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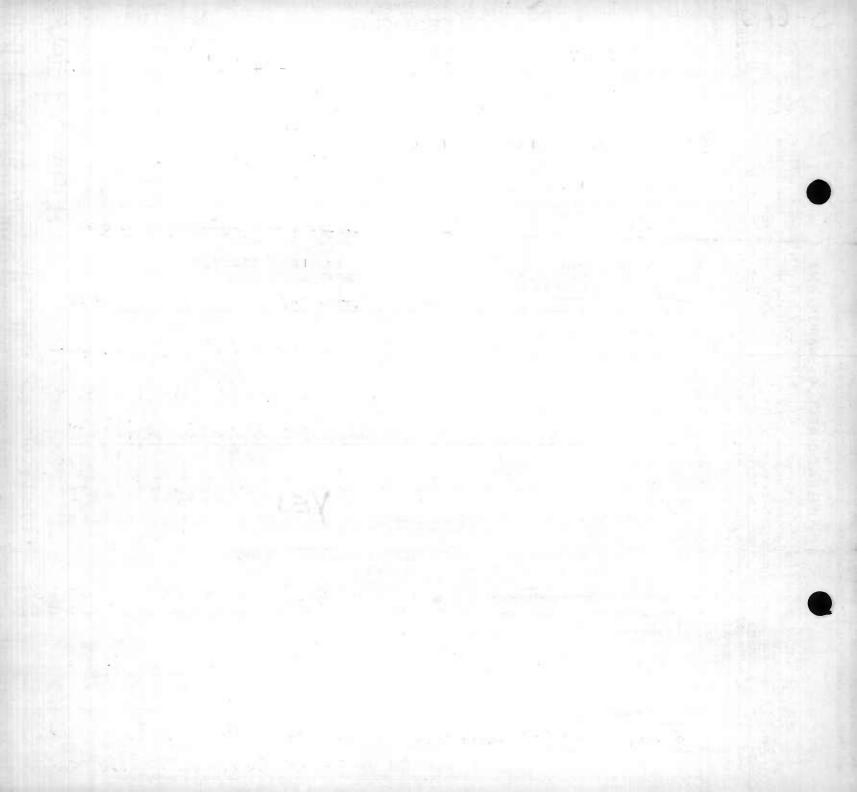
		68 04	BALTIMORE CITY	HEALTH DEPARTMENT		68 0456			
BIRTH N	10	00 04	156 CERTIFICA	TE OF DEATH	REG. NO	00 0400			
NAME	OF DECEASED			2. DATE AN	NO HOUR OF DEATH				
ÅÅ	NES: EDWARD A	LLEN . S	SR.	JANUA 14. USUAL RESIDENCE (Whe	RY 11 19	68 12:10A.			
B. PLAC	E IN BALTIMORE, MARYLA	ND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If in	nstitution: residence before odmissi			
SIT N	Agnes Hospli Kens and Cat	A SETAL OR INS	STITUTION, GIVE STREET	MARYLAND	21157 CA	RROLLCO 564			
WS PITA	keins and preag	"OR AVENI	UE	C. CITY OR TOWN		IDE CITY LIMITS?			
BAL	TIMORE MARYL	AND 212	29	WESTMINISTER YES NOX					
40				E. STREET AND NUMBER	,				
SEX	6. RACE	7 ****	(*)	RFD 6 RT 6	9. AGE (In years	If Under 1 Yr. , If Under 24 H			
MA LI			ED NEVER MARRIED	08/10/89	lost birthdoy	If Under 1 Yr. If Under 24 H Months Doys Hours Min.			
		WIDOW of work 10B, KIND		11. BIRTHPLACE (State or fore	ian country)	12. CITIZEN OF WHAT COUNT			
done duri	ng most of working life, even if				,				
	Farmer Farmer			MARY LAND 14. MOTHER'S MAIDEN NA	AAE	USA			
	RGE BARNES	1 E. A	11 / 20 014:	BOWERS , BARN					
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No)		714-34-4853	ST AGNES HO	SPITAL WI	LKENS & CATON			
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DI 19A.	W	AS PERFORMED	The state of the s		IN CERTIFYING CA	USES OF DEATH?			
U 21A.	ACCIDENT WAS UNDERLICONTRIBUTING CAUSE	OF T	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	ffice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct locotion)			
0 21D.	TIME (Month) (Doy)	(Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
E (APP	OF INJURY (APPROX.) While At Not While Work At Work								
thot	22. I certify that XX (this haspital) attended the deceased from DECEMBER 18 1967 to JANUARY 11 1968 that XX (we) lost saw the deceased alive on JANUARY 11 1968 and that in (mX) (our) opinion death occurred on the dond hour and from the causes stated above. XX) (We) (did) XXXXX view the body after death.								
1	23B, DATE SIGNED								
	France	ref	Dh	ending Med. Director	Staff Phys.	01/11/68			
23 C.	PHYSICIAN'S NAME (Type)		GEGREE! ""	23D. ADDRESS	,	101711700			
	AMID MEHDIZA	DEH , M	. D. DEGREE	ST AGNES HOSE	PITAL WILK	ENS & CATON AV			
	RIAL CREMATION, 24B. D.		NAME of CEMETERY			ity, town, or county) (State			
Miles		14/68	Winfield Ch	urch Of God	Carroll Co	- M-1			
	TE REC'D BY HEALTH DEP	T. 258. NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	?	ADDRESS			
	JAN 1 5 19	68 R.D.	& E. Farbura	C. M. Waltz	, ox 241,	Sykesville, Md			

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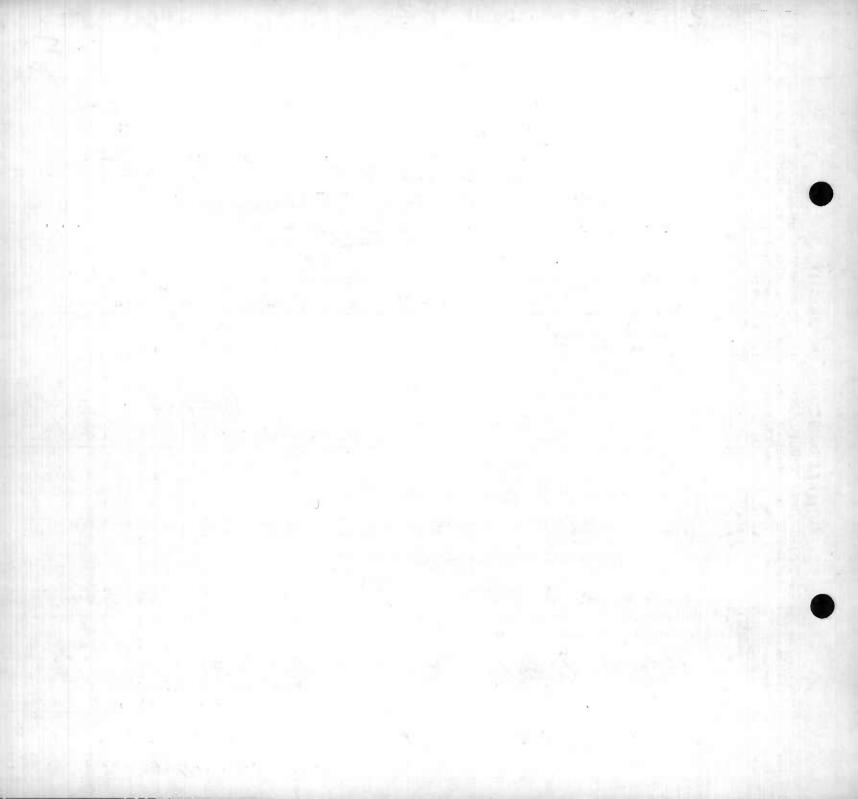
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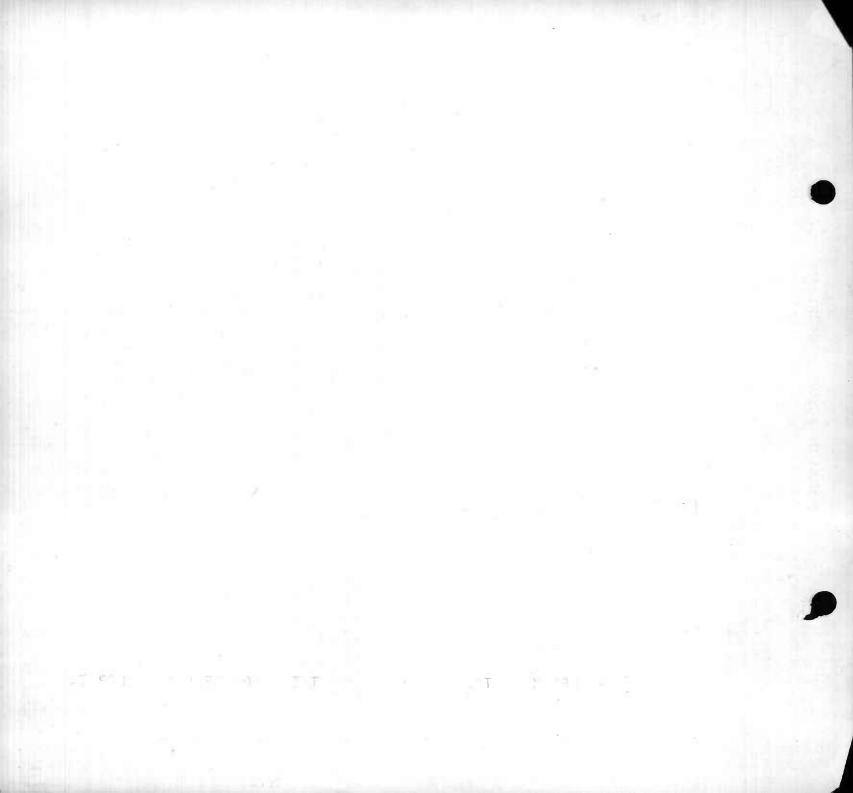
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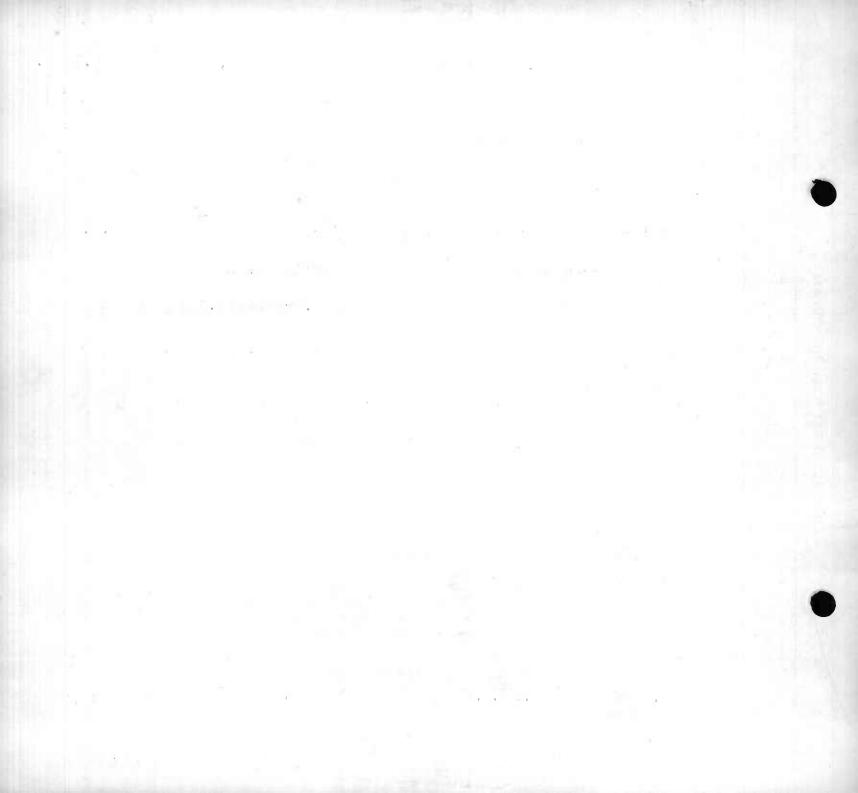
BALTIMORE CITY HEALTH DEPARTMENT

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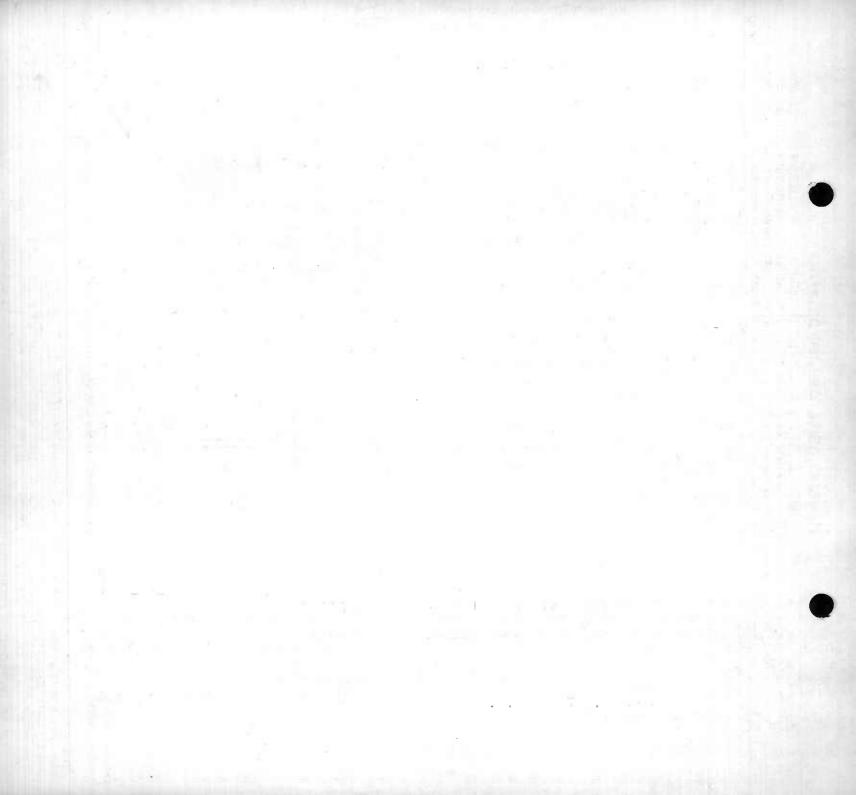
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Type or Print)		. Green	h leur					
. PLACE IN BA	LTIMORE MARYLAND, W			4. USUAL RESIDENCE	(Where deceased lived. If	11.10 P.		
				A. STATE 8.	COUNTY	201		
ULL NAME OF	(IF NOT IN HOSPITA	L OR INSTITUTI	ON, GIVE STREET	Maryland C. CITY OR TOWN Balto E. STREET AND NUMBER				
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NA	0033 F. 3	Λ						
00	3011 Erdman	Ave						
				3011 Erdman Ave				
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. 1f Under 24 H Months: Doys Hours Min.		
Male	White	WIDOWED	DIVORCED	Sept 5,19				
	CUPATION (Give kind of work	108, KIND OF 8	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote		12. CITIZEN OF WHAT COUNT		
one during most o	f working life, even if retired)					TT G		
Prin		Barr St	alfort, Inc			U.S.		
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	nal meon the made of		DUE TO, OR AS	A CONSEQUENCE OF		***************************************		
	, asthenia, etc. It means mplication which caused					7 - 2 2 3 3 3 3 4 3 4 3 4 3		
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OF INJURY	(Month) (Doy) (Year)		NJURY OCCURRED		D'INJURY OCCUR?			
APPROX.)		While	At Work					
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			I I I	7				
that (1) (whi	a) last saw the decease	d alive an	- jun !	19 6	ind that in(my) (ove) a	pinian death occurred an the d		
and have a	nd fram the causes stat	ed abave. (1) (We) (did) (didaw) v	iew the bady after d	eath.			
23A. SIGNAT	URE	1				23B. DATE SIGNED		
	IN Volla	/		ending Med.	Staff	1/12/12		
23C. PHYSICI	AN'S A NITO	1	DEGREE Phy	23D. ADDRESS	Phys.	113/0		
NAME	Tuney a	M D			Paul S'reet	Baltimore, Md 2121		
E.	Paul offay J:	rv, M.D.	DEGREE	2100 30.	Taul D 1000	Dall of His Kiki		
4A. BURIAL CR		24C. NAN	AE of CEMETERY OF CRI	EMATORY	24D. LOCATION	City, town, or county) (Stote)		
REMOVAL	17/1/	0 0		2 1.1.	11 = = ==			
Bur		o Garo	dens Of Fa	1th	1119 Kenwood	d AveADDRESS		
SA. DATE REC'	D BY HEALTH DEPT.	25B. NAME OF	and the second s	25C. FUNERAL DIR	ECTOR	-3818 Poland av		
JAN 1	5 1968 (Relier	DE. JO4	Deuth	Muslim	6. Nonovar			
/S 150-REV. 1/1	/68							



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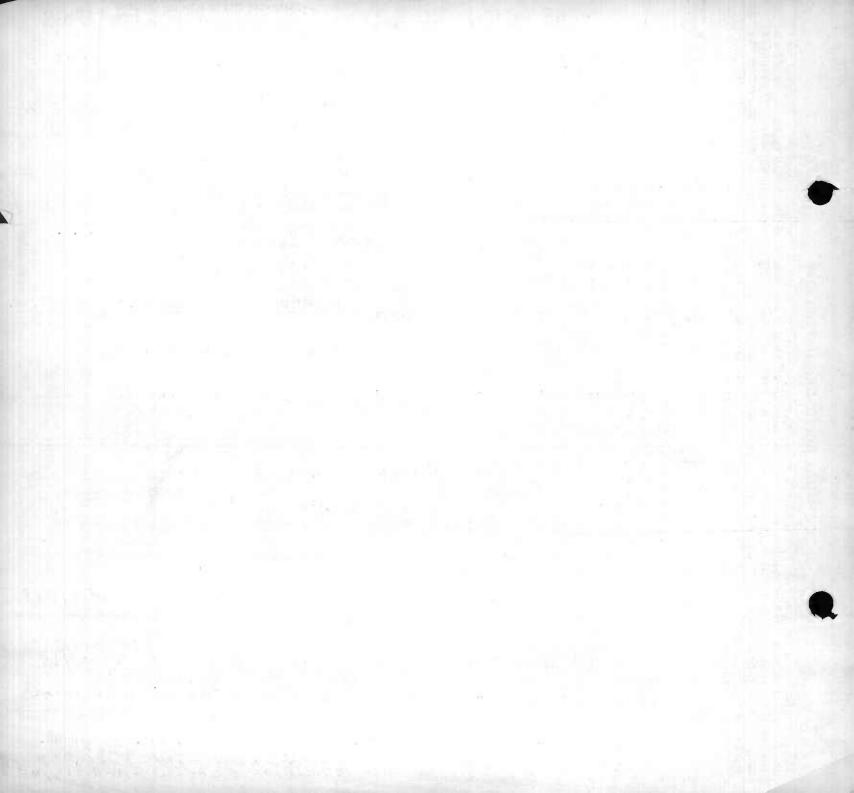
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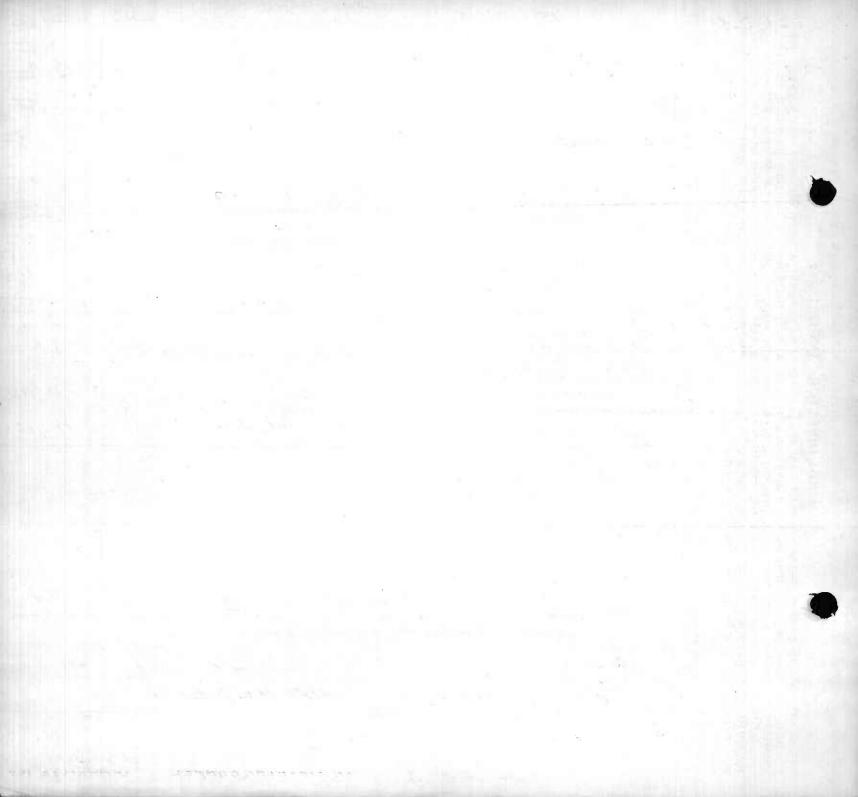
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BALTIMORE CITY HEALTH DEPARTMENT







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BALTIMORE CITY HEALTH DEPARTMENT	CO DAMA
CERTIFICATE OF DEATH	egistered Na. 68 0471
M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HO	UR OF DEATH
P 81.4	168.62m 16 Pm
OLACE OF DEATH IN DAI PLACED MARKET AND	
FULL NAME OF HOSPITAL OR INSTITUTION N. Carroll Home for the aged C. CITY OR TOWN (If outside ci White Hall D. STREET ADDRESS (If rural, g	1
HOSPITAL OR oddress or location) HOSPITAL OR oddress or location	Baltimore Co
INSTITUTION of me Cataroll Home for the aged C. CITY OR TOWN (If outside ci	ity limits, write RURAL and give tawnship)
1822 2 Carrellow arenue White Hall	53-00
D. STREET ADDRESS (If iural, 9	give lacotion)
Dacon Road	·
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGI WIDOWED, DIVORCED (specify) lost bit	E (In years If Under 1 Yr. If Under 24 H rthday) Manths; Days Haurs; Min.
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	84
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign cou	(untry) 12. CITIZEN OF WHAT COUNTRY?
done during mast af working life, even if retired)	
Kousekeeper Domestic Forest Hill, Ma	ryland U.S.A.
14. MOINER'S MAIDEN NAME	
Jacob Francis Caroline Eva	ns
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO.	P.O. Box 22
No 214-56-9248 Mrs. Hazel Butl	er White Hall, Md.
	ONSET AND DEATH
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., head foilure, osthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (A) Arteriosclerotic DUE TO Cerebrel arteriosclerotic DUE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE TO ONE TO DUE T	Cantin-
(This does not meon the mode of dying, e.g.,	
heort foilure, osthenio, etc. Il meons the diseose,	Disease
injury or complication which coused death.)	Dulenisia
ANTECEDENT CAUSES (B) DUE TO	
DISEASES OR CONDITIONS, if ony, giving	
rise to the obove couse (A) stating the (C) UNDERLYING CONDITION lost.	
#22 / II	
other significant conditions contributing chronic leg wicers	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes No 10)	CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID	(If in Baltimore City, give exact lacation)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	
Nove	
21D. TIME (Month) (Doy) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY O	OCCUR?
(APPROX.) While At Not While Wark At Wark	:
22. I certify that (1) (this hospital) ottended the deceased fram 10th November 196	7 10 Vanuary 10 19 67
that (1) (we) last saw the deceased alive an December 23 1967 and that in	
	my, (our) opinion death occurred on the d
and haur and fram the couses stated above. (1) (\(\frac{\psi_0}{2}\) (did) (did not) view the bady after death.	
23A. SIGNATURE	23B. DATE SIGNED
Homeel Kuth M.D. Attending Med. Director Phys.	□ 1 - 12 - 1968
23C-PHYSICIAN'S 23D-ADDRESS	
NAME (Type) AHMED KUTTY M.D. 108, V. A. HOSPITAL	, FORT HOWARD, MD
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION	ON (City, town, ar county) (State)
REMOVAL (Specify)	
Burial 1/13/1968 Fairview A.M.E. Fores	st Hill, Harford, Md.
200. FUNERAL DIRECTOR	ADDKE22

Charles E. Kurtz

Jarrettsville, Md.

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cherm ly willers

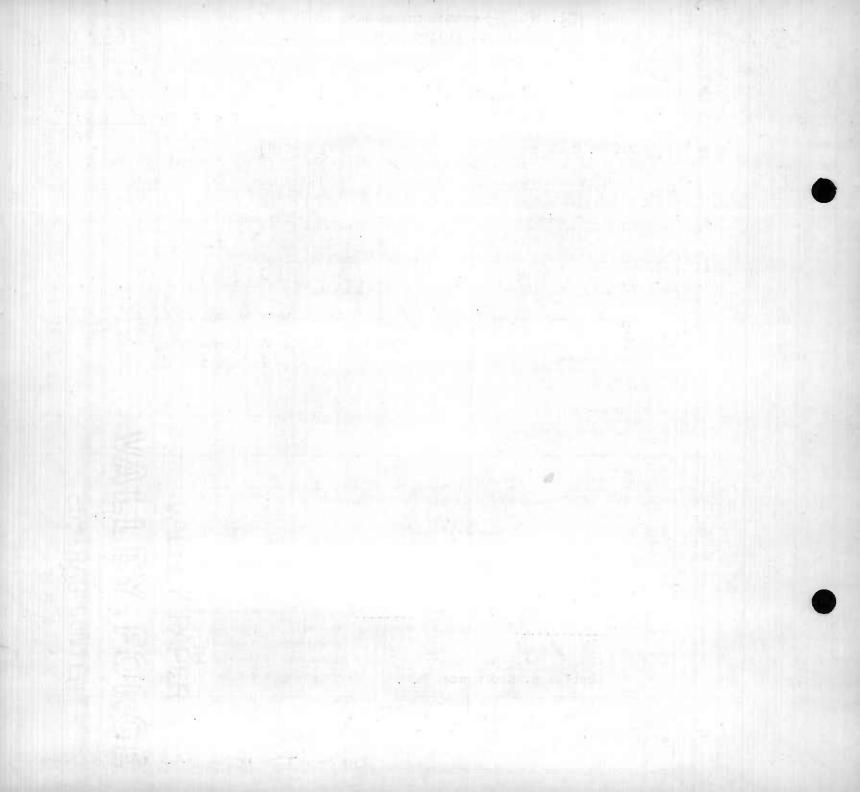
December 23 67 Tomos Of

Howard Kuth

OF CONTRACTOR PROPERTY SOLVER

68 - 0472 Baltimore City Health Department

MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO	68 0472
BIRTH NO.		
1. NAME OF DECEASED (Type or Print) JAMES EDWARD O'NEIL	2. DATE Known Month Day OF DEATH Estimated	Year Haur
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day	Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD January 13, 19	3:25 P.M.
1113 W. Hamburg Street	5. USUAL RESIDENCE (Where deceased lived. If institution: r A. STATE B. COUNTY Maryland	esidence befare admission)
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
Male White WIDOWED DIVORCED	Baltimore YES	
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min. Manths, Days, Haurs, Min.	E. STREET AND NUMBER 1113 W. Hamburg Street	
11. BIRTHPLACE(State or fareign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME O' Neill	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
houset + Troller Dalts toits	Clynes Hirsch	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, np ar unknawn)(If yes, give war ar dates af service) 17. SOCIAL SECURITY NO.	IB. INFORMANT ADD	DRESS S
Ja 4. 4. Th 242-10-8285	arthur Brown fr. 1113	Mr. Howling
19. 4 3 / 9 I CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY MASS	ssive intracerebral hemorrhage	
(A)IMMEDIATE C	AUSE IS A CONSEQUENCE OF:	
injery di compression americana accum,		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.	***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes ar Na) Yes
O UNIDERLY STORY CONTROLS home form factory street office	in ar abaut 22C. WHERE DID (If in Baltimare City, give exact bldg., etc.) INJURY OCCUR?	lacation)
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?	
(APPROX.) m. WORK AT W.	ORK L	
	and that on this basis, death in my a	
resulted fram: Natural causes Accident Suicid	Homicide Undetermined manner CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE Charle I sant M.D.	ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
EXAMINER'S Charles S. Springate, M.D. NAME (Type)		ary 14, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town,	ar caunty) (State)
25A. DATE REC'D BY HEALTH DEPO 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADI	DRESS
Tobel E. Falleyes	Jahn J. Cowar - Son Jac. C	90 (Halling So
VS 151-REV. 1/1/68	7	Racko Diel

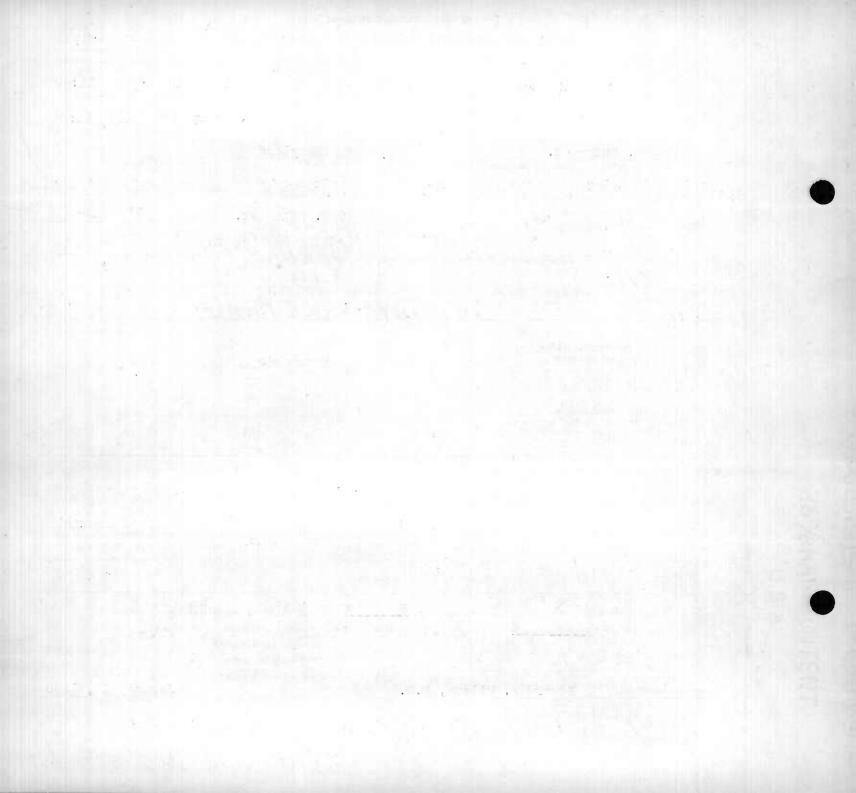


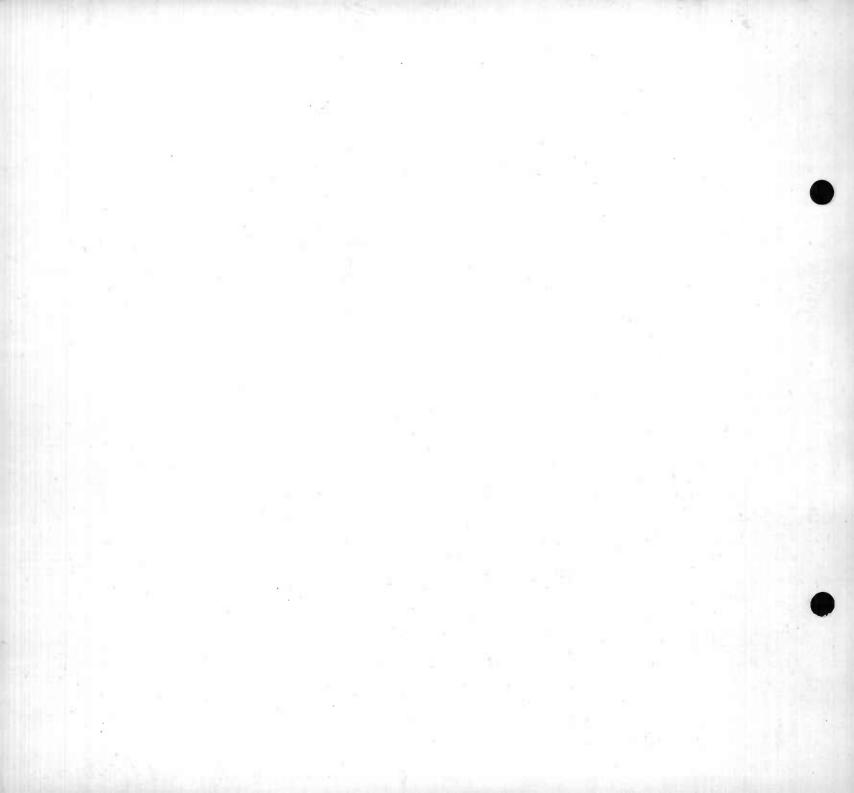
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68 0473 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EX	XAMINER'S	CERTIFICATE	OF	DEATH.
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68 0473 BALTIMORE CITY HE	CO OAMO
MEDICAL EXAMINER'S C	REG. NO.
NAME OF DECEASED	2. DATE Known M Month Doy Year Hour
ype or Print)	OF 1 10 68 11.40 a
HENRY COOPER	
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD
JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL ADDRESS OR LOCATION)	January 10 1968 11: 40a M.
RINSTITUTION	5. USUAL RESIDENCE (Where deceared lived. If institution: residence before admission)
50 6 11 - 1	A. STATE B. COUNTY
6 N. Exter St.	Maryland
SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Colored WIDOWED DIVORCED	Baltimore YES K NO
DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	
11 - 7 - 1016 lost birthdoy) Months, Doys, Hours, Min.	(x = E a.
12-1-19/5 503	6 N. Exter St.
BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHALCOUNTRY?	13. FATHER'S NAME
5,61	KORFKI DLACK
A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S, MAIDEN NAME
ne during most of working life even if retired)	IFIA
/YU/YE	L-L-M
. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
100 218-13-4204	ABERNICE TUULFY ON EXELEK(3)
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
486 1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	CAUSE Pneumonia
(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
LINDERLYING CONDITION LAST	
(c)	200 C
493 X "	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	,
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
9	
1 A SAME SAME SAME SAME SAME SAME SAME SA	Partial Partial
228. PLACE OF INJURY (e.g., home, form, foctory, street, offic	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) te bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.	
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.)	WHILE
m. WORK	YORK L
23	V
I certify that I held an Inquiry Inspection PAu	toosy A and that an this basis, death in my apinion
resulted fram: Notural causes K Accident Suicident	de Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL PALA MAR	DATE SIGNED
SIGNATURE M.C	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D.	January 10, 1968
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or county) (Slote)
EMOVAL (Specify)	211011 120/73 100
DUKIAL 1-12-60 1/11- AUL	JUKIY DALIO, 1410.
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JAN 1 6 1968 P. D. & E. Farkey M.	INCEDA VIIGHI 11.29 N ROMANINV
Other to 1000 ddiospa	DUSCRIJ MNIVIII 1001/11, DROMANAY
5 151-REV, 1/1/6B	/ 2/





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	approved by the chief medical examiner or his assistant if death occurred in a hospital and of the hospital by a medical examiner. Also, if the direct or contributing cause of death, f any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased I (except where the physician who pronounced death was in regular attendance on the); and (6) No physician was in regular attendance on the deceased prior to death. Such e obtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death, shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	S S S S S S S S S S S S S S S S S S S
	nis de de rit
	This certificate must be a the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death) written approval must be

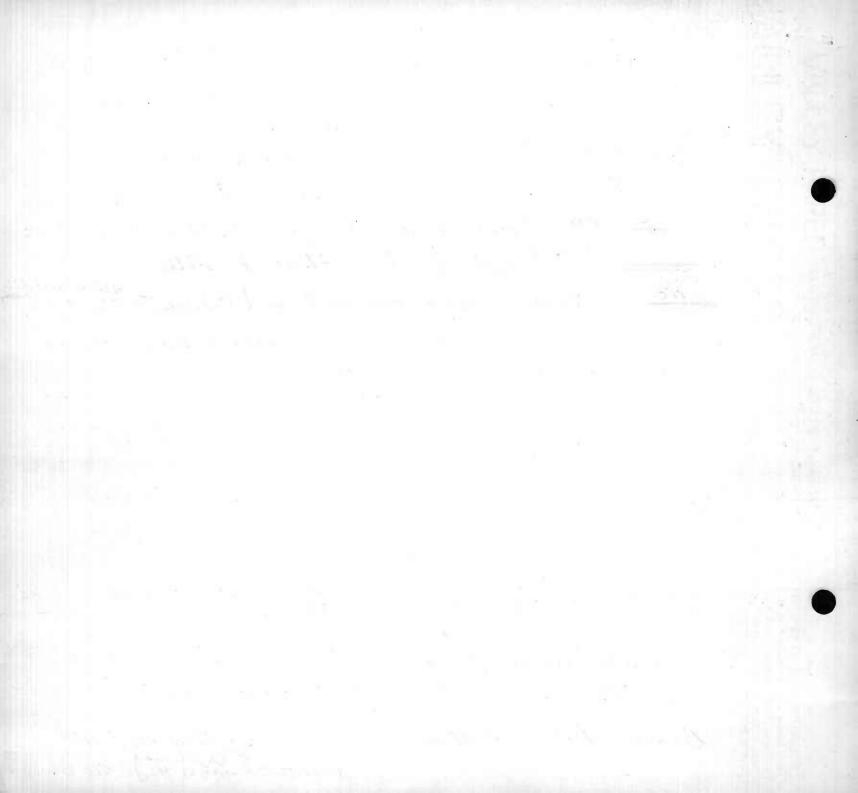
0107	TH NO. 1 - 3 6 1 68	11/2 / D CERTIFICA		and account Ma	1144 / 1
M.E	E CASE NO.	0475 CERTIFICA	ATE OF DEATH *	egistered No.	0113
	De or Print)	101	2, DATE AND HO		. 45.1
3. F	PLACE OF DEATH IN BALTIMORE MARYLA	ERT F. SR.	JAW-13	1968	100 A.
	THE OF PERSON IN PARTITIONS, MARIEN	NB	A. STATE B. COUNTY	eosed lived. If inst	itution: residence before admiss
F	FULL NAME OF (If not in hospital or ins		MACYLAND	Ann	e Arundel
	NSTITUTION JOHNS HOPKI	NS HOSPITAL	C. CITY OR TOWN (If outside of		JRAL ond give township)
	33 BALLO-MO	1 21205	D. STREET ADDRESS (If rurol,	(Not in	city Limits
	3 3 13 H KHE 1110	21200	750 Tideu	VATER	RoAd. 32-0
5. S		VIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AG	E (In years	If Under 1 Yr. If Under 24 Months Doys Hours Min
	Make While	Married	11/10/1	17	
	. USUAL OCCUPATION (Give kind of work 10B. e during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign co	untry)	12, CITIZEN OF WHAT COUNTRY?
	Machinest G	1.S. Civil Segui	Texas Me	1	U.S.A.
13.	FATHER'S NAME	,	14. MOTHER'S MAIDEN NAME	- 1	
6	tiberi Med	ura	HODIE	1AVION	2
5. Yes	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war ar dates of	11.6 SOCIAL	17. INFORMANT	1	ADDRESS 750 TI
	No None	216-40-092	8 mrs Joan MI	Prisel.	Doughter 950 Ti
	18.412.9 + 250,	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT	VY A	1 1 1		ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dyin		eno sclerotre beaut de	slase	5 years
	heart foilure, asthenia, etc. It means the				
	I tall the second of the secon				
	injury or complication which caused deat	th.)			
	ANTECEDENT CAUSES	(B)			
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoti	(B) DUE TO			
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony,	(B) DUE TO giving			
N	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoli UNDERLYING CONDITION lost.	(B) DUE TO giving ing the (C)			
ATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoli underlying condition lost. HOLD OF THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED.	(B) DUE TO giving ing the (C)	s mellitus		18 years
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoli UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION	giving (B) OUE TO giving (C) RIBUTING (C) TO THE D (Jule)	20A. AUTOPSY? (Yes or No) 20B.	IF YES, WERE FIL	NDINGS CONSIDERED
ERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoli UNDERLYING CONDITION lost.	giving (B) OUE TO giving (C) RIBUTING (C) TO THE D (Jule)	20A. AUTOPSY? (Yes or No) 20B.	LIF YES, WERE FII	NDINGS CONSIDERED
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CAL CERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoli UNDERLYING CONDITION lost. HOLLOW TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	RIBUTING TO THE DUE TO GIVING TO THE PROPERTION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	20A. AUTOPSY? (Yes or No) 20B. IN	CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
CAL CERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoti underlying Condition lost. OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	giving ing the (C)	in or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	NDINGS CONSIDERED SES OF DEATH?
CAL CERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stolic underlying Condition to the death of	RIBUTING TO THE DIE TO COLUMN 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in or obout 21C, WHERE DID INJURY OCCUR?	(If in Boltimore	NDINGS CONSIDERED SES OF DEATH?
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BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY HEALTH DEPARTMENT

NOT

Hours

BETWEEN ONSET AND DEATH

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(Stote)

If Under 24 Hrs.

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VS 150-REV. 1/1/68

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David Hudson

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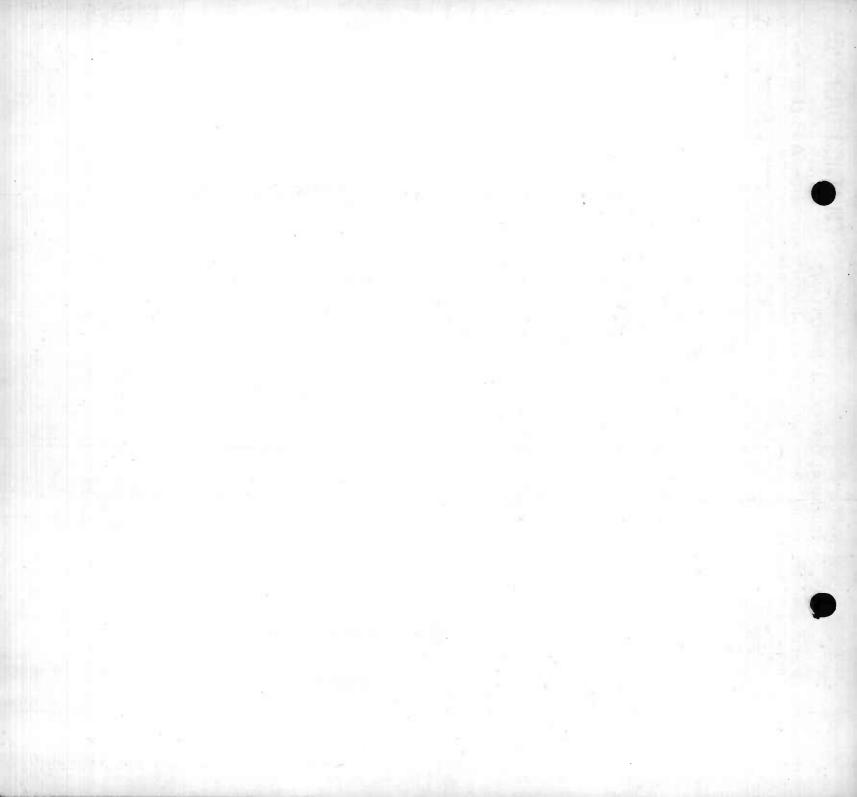
BALTIMORE CITY HEALTH DEPARTMENT

REG. No.68 0478

BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	<u> </u>
(Type or Print)	TAYLOY		HOUR OF DEATH	2:351.
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD		deceased lived. If ins	tilution: residence before admission)
HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET (TION)	M	NY CAND D. INSID	DE CITY LIMITS 8-03
GRANICCIN SA.	VANE HOSDITOL	E. STREET AND NUMBER	popole	YES NO D
S. SEX 6. RACE	WIDOWED DIVORCED	3-7-XXXX93	ost birthday	If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
done during most of working life, even if retired)	packing	VIR GIN A	n country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	(ia)	14. MOTHER'S MAIDEN NAM	_	(5/ 0
15. Was Deceased Ever in U. S. Armed Ford (Yes, no or unknown) (If yes, give wor or date:	es? 16. SOCIAL	VIRBINIB 17. INFORMANT FRONKE	1/00/10	ADDRESS
NO 18. / 2	CAUSE OF DEATH		N SYUND	APPROXIMATE INTERVAL
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or the obove couse (A) UNDERLYING CONDITION lost. 33/X OTHER SIGNIFICANT CONDITIONS COINTY OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR	sloting the (C)	A CONSEQUENCE OF:		
	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI IN CERTIFYING CAU	INDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, aff etc.)	or about 21C. WHERE DID ince bidg., INJURY OCCUR?	(If In Boltimare	City, give exact location)
21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Haur) 21E. INJURY OCCURRED While At Not While At Wark	21F. HOW DID INJU	IRY OCCUR?	
22. I certify that (1) (this hospital) ottended the deceased fram	1	968 to /-	1968,
that (I) (we) lost saw the decease	d olive on		tin(my) (our) opin	ian deoth occurred on the date
23A. SIGNATURE, W.	0	nding Med.	Shaff Phys.	238. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	DEGREE	7 RENKLEY	a spepe	5 Bosn. 7m
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CRE 5/68 Meadowridge M		vard Co. M	y, town, or county) (State)
2SA, DATE REC'D BY HEALTH DEPT.	2SB. NAME OF REGISTRAR	2SC FUNERAL DIRECTOR Walters Ful		ADDRESS Pratt&StrickeT

VS TS0-REV. 1/1/68

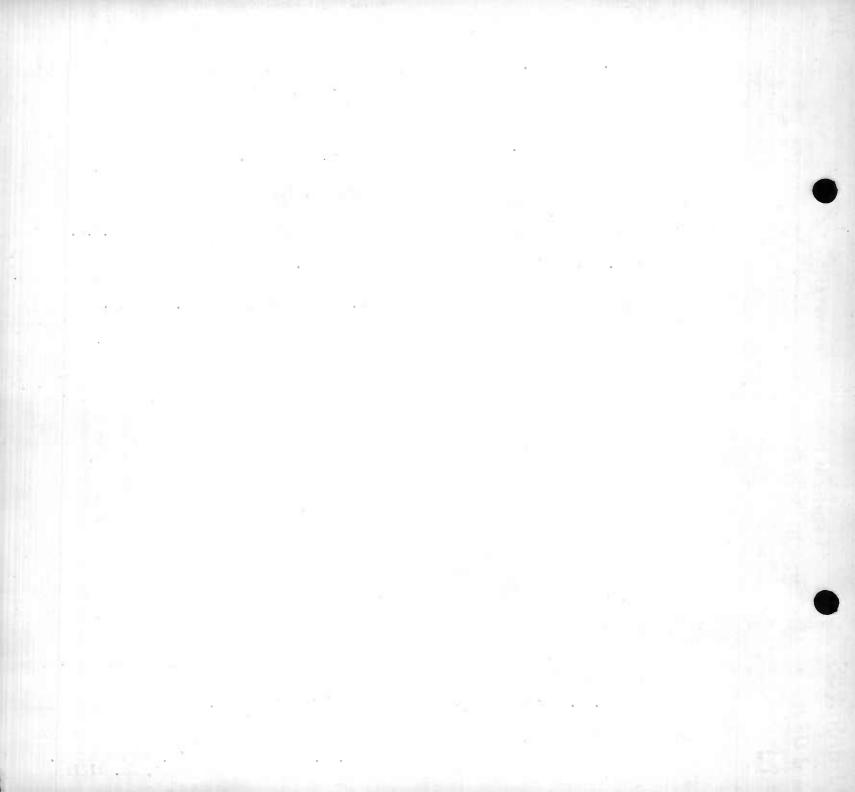
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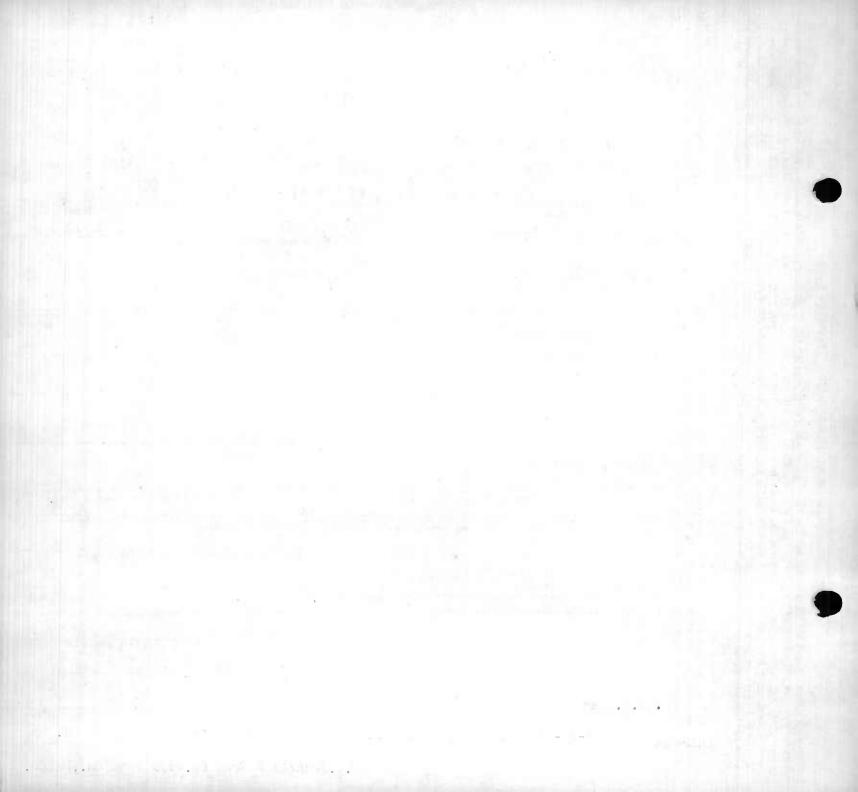
0000		HEALTH DEPARTMENT		00 0479
#-6/6 68 U	479 CERTIFICA	TE OF DEATH	REG. NO	68 0479
1. NAME OF DECEASED (Type of Print)	INT H. FARBER	2. DATE AND H	OUR OF DEATH	-14-63 6:00 P.M.
Dhen H.	Langely	1/1/	188	6 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUNTY	ceoked lived. If in	stitution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND		1/-01
INSTITUTIONALT IN ORE CITY HOSPIT	ALS	C. CITY OR TOWN BALT IMORE	D. INSI	DE CITY LIMITS?
3 4940 EASTERN AVENUE		E. STREET AND NUMBER		YES 🔀 'NO 🗌
BALTIMORE, MARYLAND 2	1224	218 E. PRESTO	N STREET	
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH 9. A	GE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE WHITE WIDO	WED DIVORCED	10-27-88	birthdoy)	Months Doys Hours Min.
10A. USU'AL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign of	ountry)	12. CITIZEN OF WHAT COUNTRY?
Attorney	Legal	MARYLAND		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Edwin J. Farber		Ruby Johnson		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT RATT THORE	ם משויע שמפ	PITALS
No	214-20-6073	RECORDS: AGAD EAST	FRM AVE	BALTO, MD. 21224
18.	CAUSE OF DEATH	4/40 DAO1	MICH MVIII.	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		00	.716.	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meon the mode of dying,	(A) IMMEDIATE CAU		156 W/2 1	
heort foilure, asthenio, etc. Il means the disc injury or complication which caused death.)	ease, DUE TO, OR AS	A CONSEQUENCE OF:)	
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, gi	(B)	A CONSEQUENCE OF:		***************************************
rise to the obove couse (A) sloting	the			
	(C)		-	
465 X II	ING	A. 1	9	
TO THE DEATH BUT NOT RELATED TO THE TERMI	NAL OXALICA	will willing	source	<i>\(\O_{\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operatorname(\operator</i>
19A-DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	IN IN	B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	NO NO	(If to 0 - lay	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, of	ice bldg., INJURY OCCUR?	(If In Boltimore	e City, give exoct tocotion)
21D-TIME Month) Day) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY	0.000	
OF INJURY (APPROX.)	While At Not While		OCCUR?	
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22. I certify the (1) (this haspitel) attend	1 1 1 1 1	4 4	J 10	1900
that (1) (we) last sow the deceased alive		and that Ir	my) (our) opił	nion death occurred on the date
ond hour and fram the couses stated above	ve (I) (We) (did) (did not) v	iew the body ofter deoth.		220 DATE SIGNED
J. 14. 12	Atte	nding Med. Staff	The state of the s	23B. DATE SIGNED
23C. PHYSICIAN'S	DEGREE Phys	•		1114100
NAME (Type)		BALTIMORE CITY H	IOSPITALS	1
M. JAFFE MD. 24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	4940 EASTERN AVE	NUE BALT	O MD 21224 ly, town, or county) (Stote)
REMOVAL (Specify)				
Burial 1-17-68 25A. DATE REC'D BY HEALTH DEPT. 25B. NA	Loudon Park ME OF REGISTRAR	25C. FUNERAL DIRECTOR	.to.	Md .
JAN 1 6 1968 A 0 6- 9	Farbura		Sons Co	0.4905 York Rd.
ALIEN WA IDOO MINGSON CI	annail.	122 HOUSE COLLECTION OF		



5-53	10	0.00		HEALTH DEPARTME		68 0480
	56	1948	CERTIFICA	TE OF DEAT	TH REG. NO	00 0400
BIRTH NO.					ATE AND HOUR OF DEAT	ч
(Type or Print)		2 0 11	.,	2. 07		
	A. Louise				nuary 11 1968 (Where deceased lived, If	10:30 A.M
3. PLACE IN BAI	LTIMURE, MARTLAND, W	HERE PRONO	UNCED DEAD		COUNTY	institution, residence before damission/
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Maryland		
HOSPITAL OR	ADDRESS OR LOC	ATION)		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
				Raltimano		YES NO
00	Broadview A	nts		Baltimore E. STREET AND NUM	BER	1001
	Stoud view A	pro.		Broadview	Apts.	12-01
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. Il Under 24 Hrs.
F	ω	WIDOWED		April 3, 18	10st birthdoy)	Months Doys Hours Min,
OA USUAL OCC	TIPATION (Give kind of wor		BUSINESS OR INDUSTRY			12, CITIZEN OF WHAT COUNTRY
	working life, even if retired)	TODE MILED OF	John Committee of the C	111 01111111111111111111111111111111111	or total gui odduniy	THE STATE OF WHAT COUNTY
Homem	aker	Own He	ome	Marylar	nd	U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDE		
Willi	am F. Breebal	b		Mary E. C	Poumitor	
	d Ever in U. S. Armed Fo		16 500141	17. INFORMANT	reninger	ADDRESS
Yes, no or unknaw	n) (If yes, give war ar date	es al service)	SECURITY NO.	IV. INFORMANT		ADDKE33
No				C. Edgar Sn	nith, 4203 St.	Paul St.
1B. / /	6.4		CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	PECTLY			1	BETWEEN ONSET AND DEATH
	LEADING TO DEATH			un (milha	1 11 souls as	ended I wich
	not meon the mode of		(A) IMMEDIATE CAL	A CONSEQUENCE OF:	7,000	
	, osthenio, etc. II meons mplication which coused					
	ANTECEDENT CAUSES			, ,	,	
			(B)		ling rela	me (c)
	OR CONDITIONS, if to bove cause (A)		DUE TO, OR AS	A CONSEQUENCE OF:		
	G CONDITION lost.	Stating the	(c)			
3311	/ 11		(-)			
OTHER SIGNI	(II FICANT CONDITIONS CC	NTRIBITING				
TO THE DEA	TH BUT NOT RELATED TO 1	HE TERMINAL				***************************************
19A. DATE O	F OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY? (Ye	s or No. 20B. IF YES, WER	E FINDINGS CONSIDERED
	WAS PER			1)2	IN CERTIFYING	AUSES OF DEATH?
19A. DATE O	ENT WAS UNDERLYING	7 218	PLACE OF INJURY (e.g.,	in or about 21 C. WHERE	DID (If In Boltin	nare City, give exact lacolian)
OR CONTRIB	UTING CAUSE OF	harr	ne, form, lactary, street, o	ffice bldg., INJURY OCC	CU R?	cary, give exact tacopan,
O	y medical examiner)	etc.		No. of the last		
21 D. TIME	(Manth) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW D	ID INJURY OCCUR?	
(APPROX.)		Wh	ile At Not While			
	A			1		11 15
22. certify	y that (T)(this haspita	l) attended t	he deceased from	16-	19 6 / 10 /	c- 11, 1968
tha (1) (we) last saw the decease	ed olive on	1 / } /	19 6 7	ond that in (my) (aur) a	plnion death accurred an the dot
ond haur on	nd fram the causes sta	ted abave. ((did) did nat)	view the body after d	leath.	
23A. SIGNAT						23B. DATE SIGNED
	11,11	V	Ath	ending Med.	Staff	1-13-68
22C BLIVELO	ANE	1-1	W BEGREE Phy	23D. ADDRESS	Phys.	1, 1000
NAME (Type)	,		23D. ADDRESS		
	Dr. C. Ri	chard Fi	ravel necess	Medical A	irts Blda.	
4A. BURIAL CRI	EMATION, 24B. DATE	24C, N	AME of CEMETERY OF CR			(City, lown, or county) (Stote)
REMOVAL			Landon Dark		Raltivata	Maryland
SWULL SA. DATE REC'E	1/15/68 D BY HEALTH DEPT.	DER NAME	Loudon Park OF REGISTRAR	25C FILMEDAL DI	Baltimore,	
IAN 1	3 1068 100	8 8 ta	OK MA	H. W. Jen	ikins & Sons Co	o. 4905 York Rd.
JAIN'T (1 1200 (16 Ca)	9 6, 70	Mary. The	ALL ROLLS	Baltim	ore, Md. 21212
C 100_REV 1/1	/4 B					



T-6/2	101	HEALTH DEPARTMENT		68 0481
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	
M.E. CASE NO. 1. NAME OF DECEASED	1	2. DATE AN	D HOUR OF DEATH	~ 0
(Type or Print) Travess Ald	reda	1-13	-68 5A.	1 5 3 A M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whore A. STATE B. COUN	e doceosed lived. Il in	stilution: residence before admission)
FULL NAME OF (II not in hospital or institu	ution give sheet	Maryland		
HOSPITAL OR address or lacotion)	orion, give sheet		side city limits, write	RURAL and give township)
		Bultimore	_	12-000
4 the Union Memoria	el Hospital	D. STREET ADDRESS (III	rurol, give lacation)	
		J. H. U. Char	rles x 34	th st.
	RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. , Il Under 24 Hrs. Months: Days Hours Min.
Ft W. Ne	ver Married	10-9-96	47 I	750000
10A. USUAL OCCUPATION (Give kind of work 10B. KIN	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even il retired) 13. FATHERS NAME Frank William All	JOHUS HOPRING	Englant		U.C.A
13. FATHER'S NAME	SE HULVERSITY	14. MOTHERS MAIDEN NAM	ME	9.3.14
The state of the s		1	1.1	
15. Wos Deceased Ever in U. S. Armed Forces?	16. SOCIAL	Hola Emm	a Carta	ev
(Yes, na ar unknown) (II yes, givo war ar dates al Ser	SECURITY NO.	17. INFORMANT		ADDRESS 2/2/2
NO -	217-14-5802	Mies Vera Pen	naint ton	616 Ovelbrook Ro
18. / 83. O I	CAUSE O	FDEATH	J	INTERVAL BETWEEN ONSET AND DEATH
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LEADING TO DEATH (This does not mean the made of dying,	e.g., QUE TO	ar curs and	10505	
heart failure, asthenia, etc. It means the dis	ease,			
injury or complication which caused death,)	(B)			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, it is to the above cause (A) stating	DUE TO			***************************************
DISEASES OR CONDITIONS, if any, or rise to the above cause (A) stating		Quarian Co		
UNDERLYING CONDITION lost.	(0)	6aa.116		
_ 175.0 II				
OTHER SIGNIFICANT CONDITIONS CONTRIB				
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yos or No	1 208 IE VEC WERE	EINDINGS CONSIDERED
WAS PERFORMED		Adjorsi; (los di ita	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimore	e City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinar)	hame, form, factory, stroet, o	ffice bldg., INJURY OCCUR?		
<u>U</u>		215 11011 515 1111	LIBY O COLLEG	
OF INJURY	While At Not While	21F. HOW DID INJ	URT OCCUR!	
(APPROX.)	Work At Work		1	
22. I certify that (I) (this hospital) otten	ded the deceased from 12	2-27-67	19 6 / 10 /-	- 13 19 68.
that (1) (we) last saw the deceased alive	an 1-13	1968 ond the	ot in (my) (lour) opi	nion death occurred on the date
and hour and from the couses stated abo	ve. (1) (We) (did) (did not)	view the body ofter death.		
23A. SIGNATURE	1			23 B. DATE SIGNED
K. B. 7	M.D. Att	ending Mod.	Stoff Phys.	1-12-18
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Typo) Dr. K.B. Tiee 24A. BURIAL CREMATION, 24B. DATE 24BENOVAL (Secritor))	23D. ADDRESS		1-15 60
NAME (Typo)	M.D.	The 112	mon F	Portotal Rolf
Dr. K.B. Lee	4C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (C	ity/town, or county) (State)
REMOVAL (Spocify)				1/
25% CONTINUE OF HEALTH DEPT. 258, NO	Lorraine Mausole		altimore	Md.
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	Acres Colored	H.W. Jenkins &	Sons Co.49	05 York Rd., Balto.
VS 150-REV, 1/1/65				

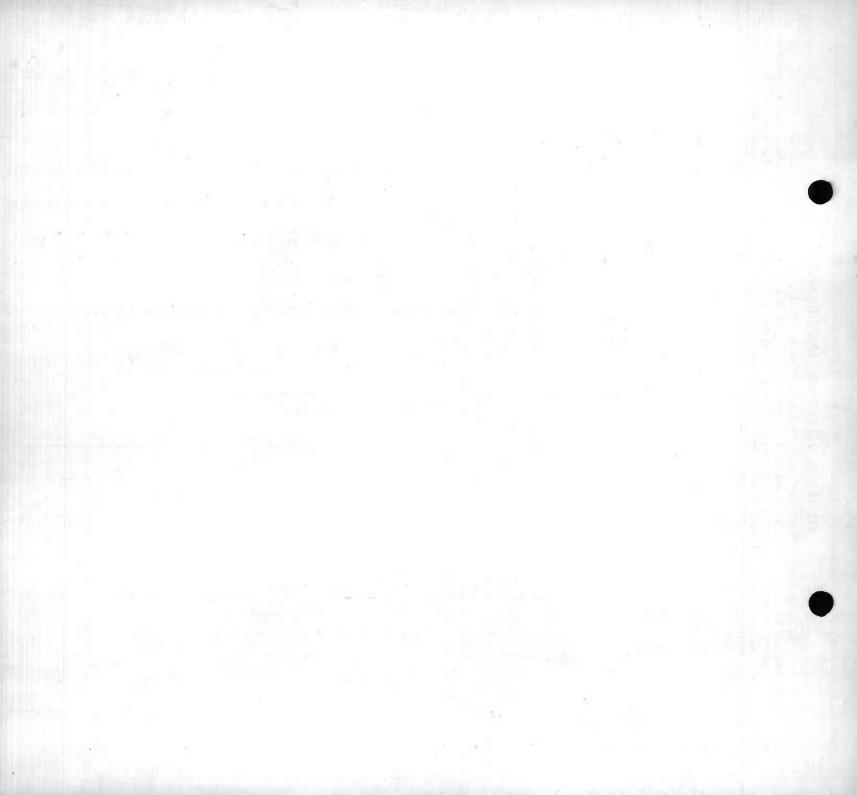


M-635 BALTIMORE CIT	Y HEALTH DEPARTMENT		68 0482
68 0482 CERTIFICA	TE OF DEATH	REG. NO	00 0.30%
BIRTH NO.			
I.NAME OF DECEASED		HOUR OF DEATH	
(Type or Print) KOSA BARTS MORTUN	JANU	ARY 14	1968 1:15 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If i	nstitution: residence before admis
of tange in shall make with the trained to the	A. STATE 8. COUNT	_	- ~ ~
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAN	(2)	1()-0
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN	-	SIDE CITY LIMITS?
14311011014	BRLTIMOR	6	YES NO
	E. STREET AND NUMBER		
2141 VINE St	2141 VINE	- (+	
21910120	2171 0110		
6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9	AGE (In years	Months Doys Hours Mi
EMALE COLORED WIDOWED DIVORCED		ost biringby)	Atomis Doy's Hoors
DA, USUAL OCCUPATION (Give kind of work 10.8, KIND OF BUSINESS OR INDUSTR	Y 11 RIPTHPI A CE (State or foreign	un country)	12, CITIZEN OF WHAT COU
one during most of working life, even if retired)			
Domostic Pur FAMILY	FRINCE Edwa	NO CO VA	4.54
FATHER'S NAME	14. MOTHER'S MAIDEN NAM	ı, F	
1	-11		
DOSERH BARTS	F115N		
Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	1 0	The second second	, ,
NO	WENEN BORT	521411	11N6 J4
18. CAUSE OF DEA			APPROXIMATE INTERV
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(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	Tax Over CC	2 dear	work
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(This does not meon the mode of dying, e.g., heori failure, osthenio, etc. II meons the diseose, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED Work At Work 21D. TIME OF INJURY (APPROX.) 22A. SIGNATURE 23A. SIGNATURE 23A. SIGNATURE 24A. BURIAL CREMATION, 24B. DATE CALL NAME of CEMETERY or CREMOVAL (Specify) PERMOVAL (Specify) 24B. DATE OF ORDITION OF THE TERMINAL CREMATION, 24B. DATE CALL NAME of CEMETERY or CREMOVAL (Specify) 24C. NAME of CEMETERY or CREMETERY or CREMOVAL (Specify)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 4 and that of the body after death. 4 and the bending Med. Director Street St	ORY OCCUR? Shoff ip (my) (out) ap CATION (C	Dinlan death accurred an the
(A) MMED/ATE CREDITION (A) MED/ATE CREDITION (A) MED/ATE CREDITION (A) MED/ATE CREDITION (B) MED/ATE CREDITION (C) MED/ATE CREDITION	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 4 and that of the body after death. 4 and the bending Med. Director Street St	ORY OCCUR? Shoff ip (my) (out) ap CATION (C	23B, DATY SIGNED 23B, DATY SIGNED City, town, or county) (Signed Co. F.A.

Horas Colores x Therese Interes Corner 1819 DIMPER PARTY F1150 Lawren Berry Moren Engle 2141 Vine It.

From 1 1/2 MERCY SEAT BATTER STONE STONE

68 0483 BALTIN	MORE CITY HEALTH DEPARTMENT 68 0483
DO UHOO CER	TIFICATE OF DEATH REG. NO.
BIRTH NO.	
(Type or Print)	2. DATE AND HOUR OF DEATH
Elizabeth Moore	January 14, 1968 6:45 p. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE S HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	STREET Maryland c. CITY OR TOWN D. INSIDE CITY LIMITS?
C Provident Hospital	Raltimore YES NO NO
7 1514 Division Street	E. STREET AND NUMBER 1/20 School Street
Baltimore, Maryland	
MARKIED THEVER MA	ARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdny) 9. AGE (In years Months; Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR	
done during most of working life, even if retired)	
Domestic	North Carolina U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. Owens	Lu
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give war or dates of service) 16. SOCIAL SECURITY	7 NO. 17. INFORMANT ADDRESS
no 212269	9499 John Moore same - husband
heori foilure, osthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	
	NJURY (e.g., in or obout 21 C. WHERE DID try, street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Day) (Yeer) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work 21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospital) attended the deceased	from 12-30-67 19 to 1-14-68 19
that (I) (we) lost sow the deceased alive on 1-14-68	
and hour and from the causes stated above. (1) (We) (did)	(dld not) view the body after deoth.
23A. SIGNATURE	23 B, DATE SIGNED
	Attending Med. Staff Phys. 1-14-68
	DECREE
23C. PHYSICIAN'S NAME (Type) Dr. Rajmane	23D. ADDRESS
	DEGREE 1514 Division Street ETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)
Burial 1-19-68 Mt. Aubur	rn Cemetery Balto. Md
258. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	Relson Funeral Home 1348 Calhoun St.
VS 150-REV. 1/1/6B	TOTAL AND THE TOTAL TOTAL TOTAL



WARYLAND

SAMUEL ISHWAT LEOLA

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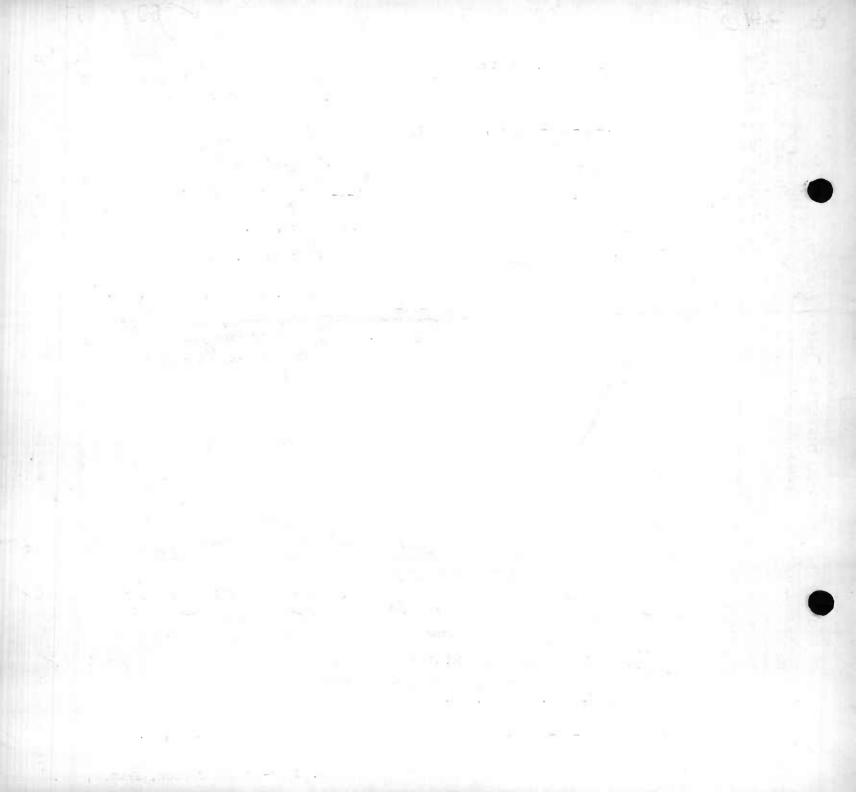
1957 VULUECTOMY

NONE

If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS Edward H. Beazley, Towson, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) and that in (my) (our) apinian death accurred an the date 23B. DATE SIGNED (City, town, or county) ADDRESS Wm. Cook-Brooks Towson, Towson, Md.

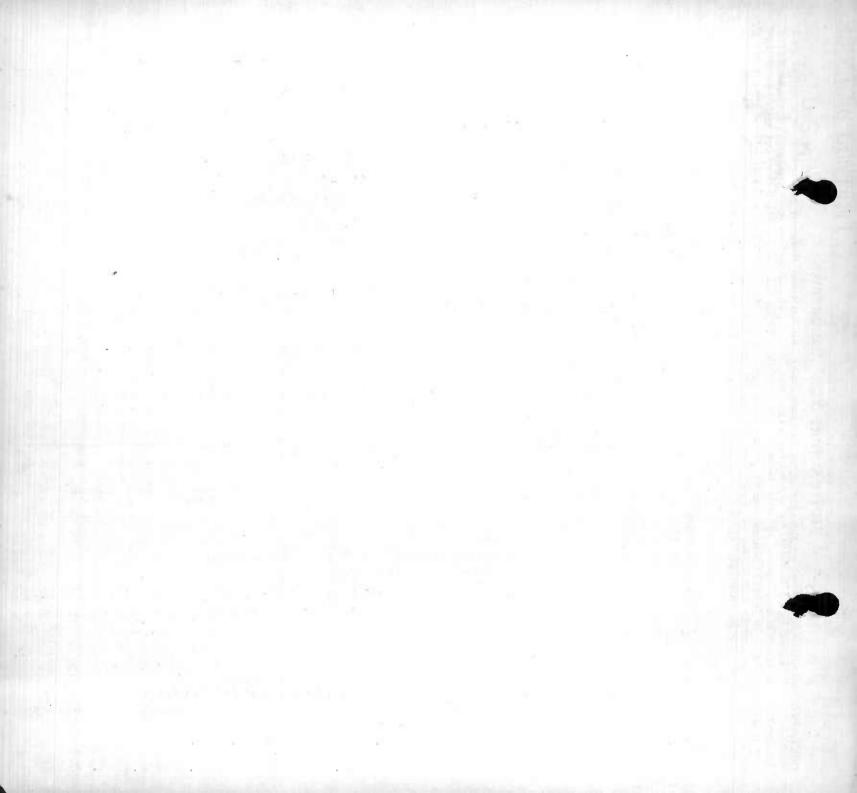
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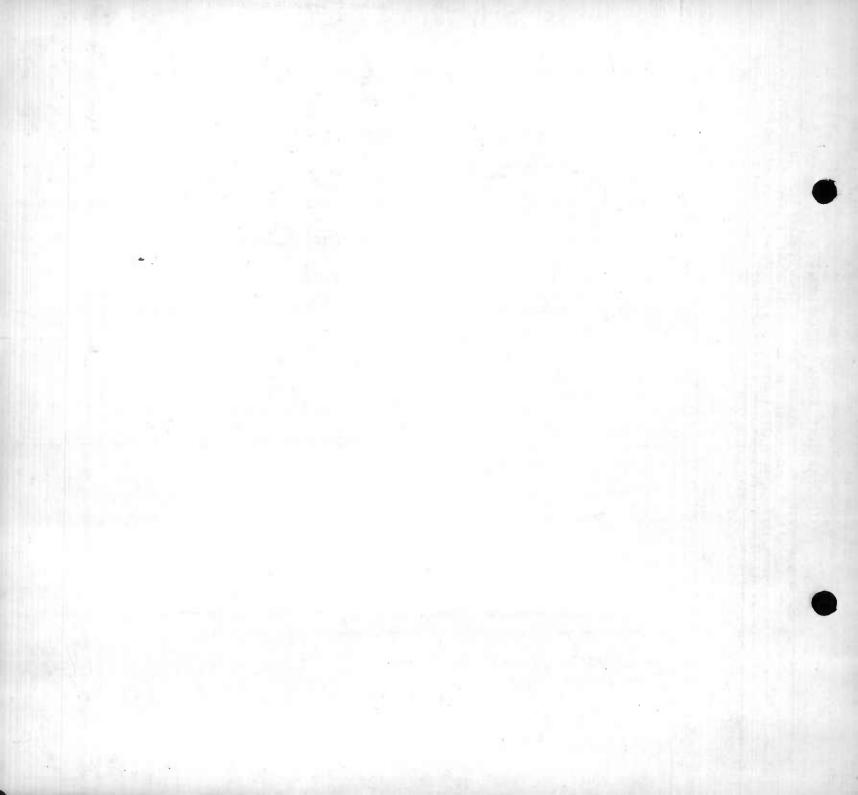


BALTIMORE CITY HEALTH DEPARTMENT

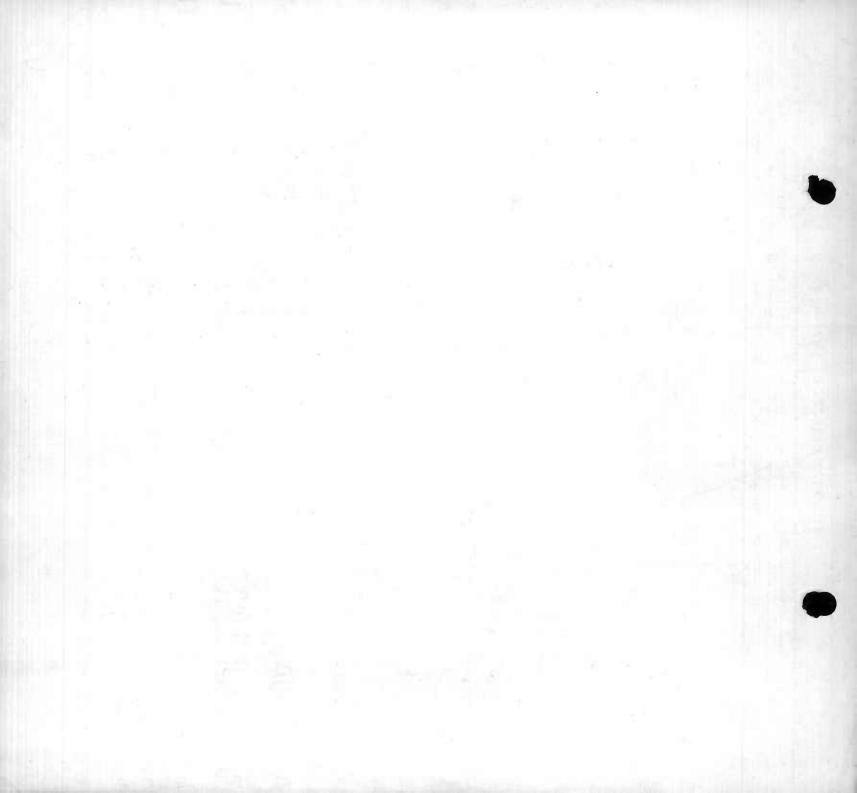
4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) YES X NO If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exoct location) and that in (my) (aur) apinion deoth occurred on the date 69 (City, town, or county) Wm. Cook-Brooks, Inc. Balto., Md. 21202



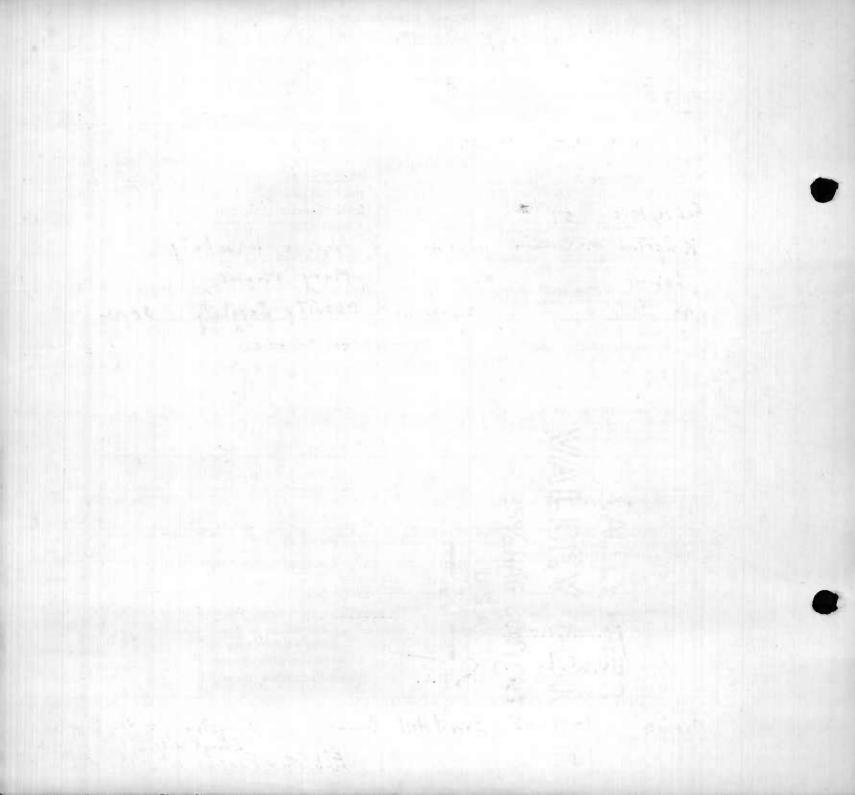
VS 150-REV. 1/1/6B



c 11	21		BALTIMORE CITY	HEALTH DEPARTMENT		00	0400
BIRTH NO.	68	0488	CERTIFICA	TE OF DEATH	REG. NO	00	U488
1. NAME OF DE	CHEKH	MIR	LAM	4 111	AND HOUR OF DEAT		1030 p
FULL HAMES HOSTITUTION	IF NOT IN HOSPIT.		GIVE STREET	A. USUAL RESIDENCE WA. STATE B. CO C. CITY OR TOWN	BALTO.	ISIDE CITY LI	17-1
482K	m, orin	d		E. STREES AND NUMBER		YES W	AVE HILL NUL
5. SEX	6. RACE	7. MARRIED N	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under Months	1 Yr. If Under 24 Hr Doys Hours Min.
done during most	CUPATION (Give kind of work of working life, even of retired)	10B, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (Stute of 1	oreign country)	12. CITIZ	EN OF WHAT COUNTI
13. FATHER'S N		D HIN.	son	14. MOTHER'S MAIDEN N	1 - 1	PLE	6HAR
	ed Ever in U. S. Armed Forvan) (II yes, give wor or date	s of service)	SOCIAL SECURITY NO.	LYNGWAN I	STALEICH HILL N	3600 U	VOUTILEA A
1B. / 6 a	2./	675	CAUSE OF DEAT	H	Maria Inc.		APPROXIMATE INTERVAL
DISE	ASE OR CONDITION DIE	RECTLY		JSE PARMO	A 4 .		5 Day
	not meon the mode of		(A) IMMEDIATE CAL	A CONSEQUENCE OF:	<u>va</u>		Jack
	e, asthenia, etc. It means amplication which coused		0.0				
	ANTECEDENT CAUSES		(a) (A820	FIMONI 14	0 - LU	NB-	7 MONT
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:	V		
	The obove cause (A) NG CONDITION lost.	slaling the	(c)				
1637	/ 11		(-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	IFICANT CONDITIONS CO						
▼ DISEASE OR	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	T I (A).					
19A. DATE	OF OPERATION 198 CON	DITION FOR WHIC	A	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WER	E FINDINGS	CONSIDERED DEATH?
E DAN I 120	ENT WAS UNDERLYING	120 WOW		in or obout 21C. WHERE DID	(16 :- P-la:-	City sive	
OR CONTRE	BUTING CAUSE OF	home, lo	irm, loctory, street, o	lice bldg., INJURY OCCUR?	(If in boilin	ore Ciry, give	e exoct location)
0				015 115 115 115	-		
OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E. INJ While A	URY OCCURRED	21F. HOW DID I	NJURY OCCUR!		30
(APPROX.)		Work	At Work		Du -	1.11	15 pm
	fy that Withis haspital		1	1114168	ta	114/65	19
that UT (w	e) last saw the decease	d alive an	1114167	19and	that in (my) (aur) a	pinian deat	h accurred an the o
and hour a	and from the causes stat	ed above. (I) (W	e) (did) (did not)	view the bady after deat	h.		
23A. 516NA	TURE - 1 A A	0			1	23 B. DAT	E SIGNED
no	wer W	SOXI	Uh DEGREE Phy	ending Med. S. Director	Staff Phys	11	14/42
23 CPHYSIC				23D. ADDRESS		/	(1)
6	of M. 13	CA7-LF	N-	Ma 61	911/ 1-	430	
24A. BURIAL C		24C. NAME	of DEMETERY OF CR	EMATORY 24D	LOCATION	City, toon, o	r county) (Stote)
REMOVAL	man	1968 MODE	LAND ME	MORIAL PARK	TAYLOR	AVE	BAUD'MI
BUR 1	D BY HEALTH DEPT.	25B. NAME OF RE		25C. FUNERAL DIRECT	OR		ADDRESS
JAN 1 6	1968 R. C. B	E. Farbey	MA	DIPPEC BY		IOBE	AIR RD
/S 150-REV. 1/	40000			101110-01		.02	, , , , , ,



68 0489 BALTIMORE CITY HE	EALTH DEPARTMENT	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68	0489
BIRTH NO.		
1. NAME OF DECEASED (Type or Print) LENSTON DOUGHETY	2. DATE Known XX Month Doy Yes	
	DEATH Estimoted January 14, 1968	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Yes	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	January 14, 1968	'5:00 P.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: resider A. STATE B. COUNTY	nce befare odmissian)
SOUTH BALTIMORE GENERAL	Maryland B. COUNTY	25-3
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMIT	rs?
Male Negro widowed Divorced	Baltimore YES 🔀	NO 🗌
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys; Hours; Min.		
tel 10, 1910 57	2413 Seamon Avenue	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Kingston N. CAreLine WHAT COUNTRY?	Dearge Warahety	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR		
done during most of working life, even if retired)	MATY Mannis	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS	
(Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO.	Clarity D. IT	
19. CAUSE OF DEA	- Charly Wasghely JAM	APPROXIMATE INTERVA
4 31.91		BETWEEN ONSET AND DEA
	cereb z al Hemorrhage	
LEADING TO DEATH (A)IMMEDIATE (This does not meon the mode of dying, e.g.,		
heart follure, asthenia, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:	
injury of complication which courses deaths.		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
Z UNDERLYING CONDITION LAST. (C)		
Z (C)(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AL	UTOPSY? (Yes or No)
0/2		Yes
	in or obaut 22C. WHERE DID (If in Boltimore City, give exact location	an)
UNDERLYING OR CONTRIB. hame, farm, factory, street, offi	ce bldg., etc.) INJURY OCCUR?	
22D. TIME (Manth) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	T WHILE WORK	
23.	VORK	
I certify that I held an Inquiry Inspection A	and that an this basis, death In my apinia	n
	de Hamicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL IIII	ASSISTANT MEDICAL EXAMINED X	DATE SIGNED
SIGNATURE WETNER U. Spitz M.D.	\equiv	1 15 60
EXAMINER'S Werner U Spitz M.D.	ASSOCIATE MEDICAL EXAMINER	1-15-68
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or cou	inty) (State)
REMOVAL (Specify) 1-19-68 S-4011.11	1 V . 0	1 1
120 LIMO 1. 20 24 W 11111	Land Mary Mary M	" (Archine
2SA. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ELong & Wilson 10	e. Braty he
JAN 1 6 1968 Obles E. Jakey	Albuitton Funeral How Ke	motor N.C
VS 1S1-REV. 1/1/68		1



IMPORTANT

FUNERAL DIRECTOR:



VS 150-REV. 1/1/68

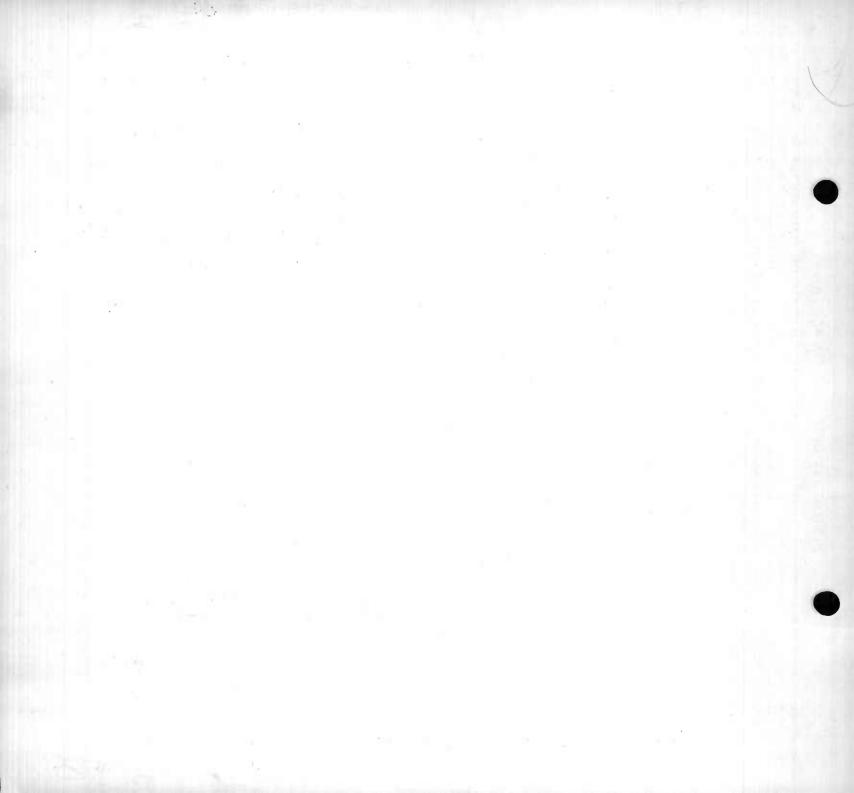
		Y HEALTH DEPARTMENT S8 0492
010	RTH NO. 68 0492 CERTIFICA	ATE OF DEATH
1. N	NAME OF DECEASED THE SA PONALU	2. DATE AND HOUR OF DEATH 1-13-68 3:25 Am
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; rosidence before admission). A. STATE B. COUNTY
HC	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
IN:	MARYLAND GEN'L HOSP.	BALTO YES IN NO
1	8	5811 Loch lea Rd =21209.
. 9	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
0.4	A. USUAL OCCUPATION (Give kind of work 10.8, KIND OF BUSINESS OR INDUSTR)	11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
on	PAINTER Selfcre Man FDAINTING	Md. U.S.
13.	Janes A Dowale SR.	14. MOTHER'S MAIDEN NAME
5. Ye	Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	THERENCE & DONAHUE -SAPPESSE
-	Yes. MANYWIW. II Yes	PAS CLART 116H, BAITO
	disease or condition directly	BETWEEN ONSET AND DEATH
	(A)IMMEDIAIL CA	LOCARDIAL INTERIOR RECENT + 6/2
	(This does not mean the made of dying, e.g., DUETO, OR AS heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
	injury or complication which caused death.) ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:
	rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)	
	420,1	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
ICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ERTIF	O WONE WAS PERFORMED	PO
CAL C	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?
MEDI	OF INJURY	21F. HOW DID INJURY OCCUR?
<	(APPROX.) Wark L At Wark	
	22. I certify that I haspital Datended the deceased from	- 101 ~ 11
Н	that (1) (we) last saw the deceased alive an	2 19 6 ond that in (my) (our) opinian death occurred on the date
	and haur and fram the causes stated above. (1) (We (did) (did nat)	view the bady after death. 23B. DATE SIGNED
/	All () O-MD AH	ending [7] Med. Staff [7]
	23 C. PHYSICIANS NAME (Type) W.D. W.B. M.B.O. M.D.	23D. ADDRESS Bal
241	A. BURIAL CREMATION, 124B. DATE 124C, NAME of CEMETERY of C	
-	REMOVAL (Specify)	ational Roltings Mil
25/	A. DATE REC'D BY HEALTH DEPT. 268. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	hoder a region	EISWORTH TERMHEOSI



IMPORTANT

DIRECTOR:

FUNERAL



VS 150-REV. 1/1/68

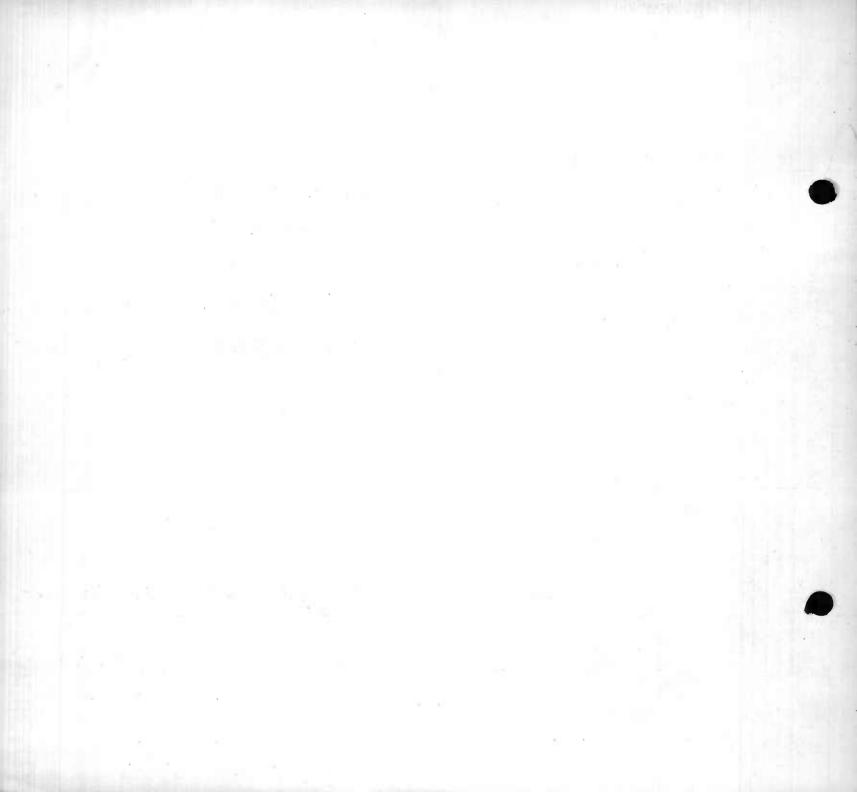


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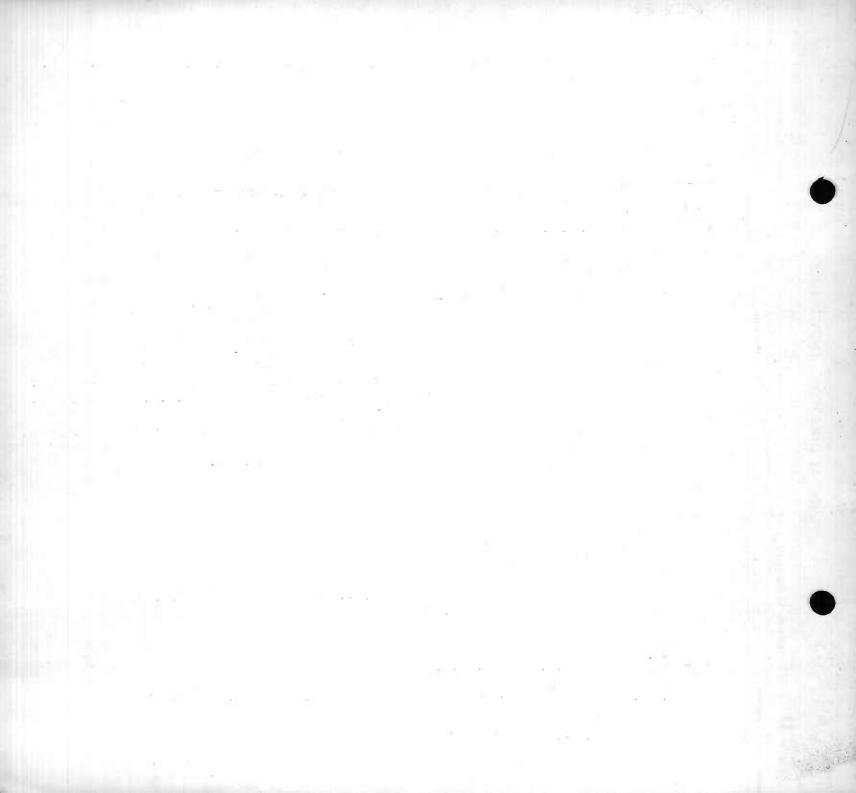
FUNERAL DIRECTOR:

HENTERWEEL HAM MARCHARET PETER NEE Francis want L'mphysema.

RETHFICATE OF DEATH REG. NO. NAME OF DECEASED ROBERTHA DOYLE RACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION ADDRESS OR L	7-400	()	0100	BALTIMORE CIT	Y HEALTH DEPARTMENT		68 0496	
NAME OF DECEASED D. DATE AND HOUR OF DEATH DOYLE	4 / 0 .	50	U496	CERTIFICA	ATE OF DEATH	REG. NO.	00 0400	
TAGE IN NATIONS MARTHAD, WHERE PROPOSINGED DEAD ULL VARIAGE OF COLOR MODITAL OF INSTITUTION, GIVE STREET OPENIAL OF MARKED OF COLOR MODITAL OF INSTITUTION, GIVE STREET OPENIAL OF MARKED OF COLOR MODITAL OF INSTITUTION, GIVE STREET OPENIAL OF MARKED OF COLOR MODITAL OF INSTITUTION, GIVE STREET OPENIAL OF MARKED OF COLOR MODITAL OF INSTITUTION, GIVE STREET OPENIAL OF MARKED OF COLOR MODITAL OF INSTITUTION, GIVE STREET OPENIAL OF MARKED OF COLOR MODITAL OF INSTITUTION, GIVE STREET OPENIAL OF MARKED OF COLOR MODITAL OF INSTITUTION, GIVE STREET OPENIAL OF MARKED OF COLOR MODITAL OF INSTITUTION, GIVE STREET OPENIAL OF MARKED OF COLOR MODITAL OF INSTITUTION, GIVE STREET OPENIAL OF MARKED OF COLOR MODITAL OF INSTITUTION, GIVE STREET OPENIAL OF MARKED OF COLOR MODITAL OF INSTITUTION, GIVE STREET OPENIAL OF MARKED OF COLOR MODITAL OF INSTITUTION, GIVE STREET OPENIAL OF MARKED OF COLOR MODITAL OF INSTITUTION, GIVE STREET OPENIAL OF COLOR MODITAL OF	INAME OF DE	CEASED			2. DATE AN	ID HOUR OF DEATH		
LILL NAME OF DEPORTAL OR INSTITUTION, GIVE STREET ULL NAME OF DEPORTAL OR INSTITUTION, GIVE STREET HEAD A SDUTY AVENUE LEACE MARRIED NEVER MARRIED LEAD NUMBER	Type or Pnnt)	ROBERTHA	DOYLE		Janua	ry 14,196	8 8.00 P.	
MARY LAND OF MADRESS OF LOCATION MITUTION, CIVE STREET MADRESS OF LOCATION MITUTION, CIVE STREET	3. PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONOUNCE	D DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If	nstitution; residence before of	
Beltimore 21206 vss No Beltimore 21206 vss N	FULL NAME O	F (IF NOT IN HOSPIT	AL OR INSTITUTION	N. GIVE STREET			01-1	
## Baltimore 21206 VES NO ## A629 Asbury Avenue ## A629 Asbury Avenue	HOSPITAL OR	ADDRESS OR LOCA	, or ve street	C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?		
4629 ASDURY AVENUE ASSURED NEVER MARRIED NEVER MARRIED S. DATE OF BIRTH S. DAT					Baltimore	21206	YES NO	
SEX S. AACE **CAMPAGNED NEVER MARRIED S. DATE OF SHITH S. DA					E. STREET AND NUMBER			
Pemale White Woowed D DVORCED May 26.1890 77 Analish Days Heurs A DVORCED MAY 26.1890 78 Analish Days Heurs Analish	462	29 Asbury Av	renue		4629 Asbury Avenue			
Remele White Mills AN USUAL OCCUPATIONIGN studied weak 10st, kind of P BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or foreign country) 12. CITIZEN OF WHAT COI MAN USUAL OCCUPATIONIGN studied weak 10st, kind of P BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or foreign country) 12. CITIZEN OF WHAT COI MAN USUAL OCCUPATIONIGN studied in weak 10st, kind of P BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COI MAN DECEMBER Steps in U. S. Armost Facets? 13. SOCIAL MAN DECEMBER Steps in U. S. Armost Facets? 14. SOCIAL MAN DECEMBER Steps in U. S. Armost Facets? CAUSE OF DEATH 15. DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follow) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if only, giving issue to the chose couse (A) sibling like UNDERLYING CONDITIONS, if only, giving issue to the chose couse (A) sibling like (C). MANTECEDENT CAUSES DISEASES OR CONDITIONS, if only, giving issue to the chose couse (A) sibling like (C). MID TO OR AS A CONSEQUENCE OF: STATE SERVING WAS UNDERLYING OF HER DISTRIBUTIONS OF HER DISTRIBUTIONS OF PERALTIN WAS UNDERLYING OF HER DISTRIBUTIONS OF PERALTIN WAS UNDERLYING CONSIDERED DATH HIGHLY MORE CHARGE OF INJURY Legs, in or obsurg 21C. WHERE DID DATH HIGHLY MORE CHARGE OF INJURY Legs, in or obsurg 21C. WHERE DID DATH HIGHLY MORE CHARGE OF INJURY LEGS, in or obsurg 21C. WHERE DID DATH HIGHLY MORE CHARGE OF INJURY LEGS, in or obsurg 21C. WHERE DID DATH HIGHLY MORE CHARGE OF INJURY LEGS, in or obsurg 21C. WHERE DID DATH HIGHLY MORE CHARGE OF INJURY LEGS, in or obsurg 21C. WHERE DID DATH HIGHLY MORE CHARGE OF INJURY LEGS, in or obsurg 21C. WHERE DID DATH HIGHLY MORE CHARGE OF INJURY LEGS, in or obsurg 21C. WHERE DID DATH HIGHLY MORE CHARGE OF INJURY LEGS, in or obsurg 21C. WHERE DID DATE ACCIDENT WAS UNDERLYING OF PROU	S. SEX	6. RACE	7- MARRIED N	EVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Months: Doys Hours	
BRITIMOTE Md. USA LAMOHRE'S NAME Charles G. Mills LAMOHRE'S MAIDE NAME Charles G. Mills LAMOHRE'S MAIDE NAME AMELIA Arens LAMOHRE'S MAIDE NAME AMELIA Arens LAMOHRE'S MAIDEN NAME AMELIA ARENSAL CERMATION, 1248, DATE LAMOHRE'S MAIDEN NAME	Female	White	WIDOWED X	DIVORCED	May 26.1890	77		
HOUSEWITE Charles G. Mills Amelia Arens Address Bruini u. S. Armer forces? In Cause of Condition Oirectty Leading to Death Usasse of Condition Oirectty Leading to Death Units dess condend the mode of dying, e.g., heart follow, e.g., heart follow, e.g., heart follow, e.g., heart follow, e.g., heart follows, oir. It means the discose, injury or complexion which coused death). Antecedent Causes Diseases or Conditions, it any, giving ise to the obove couse (A) stoling the Underty of Condition of Control of Control of Control of Condition of Control of Cont			108, KIND OF BUS	INESS OR INDUSTR		ign country)	12. CITIZEN OF WHAT C	
ANDRESS MAIDEN NAME Charles G. Mills S. Wes Deceased Ever in U. S. Amond Forces? SEQUENT NO. DO 218 01 6950 APPENDIXABLE SEQUENT NO. SEQUENT NO. BLEADING TO DEATH CLEADING TO DEATH CHINE does not mean the mode of dying, e.g., head follow, cosherol, ect. It means the discose, injury or complication which coused death). ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving is to the above couse (A) stoling the UNDERLYING CONDITION SET. UNDERLYING CONDITION NOST. DISEASES OR CONDITIONS, if any, giving is to the above couse (A) stoling the UNDERLYING CONDITION (Set. IP SET. MAIN AND 10 No. 18 MIN AND 10	~ ~				Beltimone Ma		APIT	
Charles G. Mills Amelia Arens Address Amelia Arens Address Ad						ME	NGU	
APPROXIMATE INTO ADDRESS APPROXIMATE INTO APPROXIMATE APPROXIMATE INTO APPROXIMATE INTO APPROXIMATE INTO APPROXIM								
Security No. Mr. Leo C.Mills Mc. Mr. Leo C.Mills Mr. Leo			3			B	12222	
15. CAUSE OF DEATH DISEASE OF CONDITION DIRECTLY LEADING TO DEATH Children and be diving, e.g., heat follow, either of production of the course destrict course of the production of the course destrict of the production of the producti	Yes, no or unknov	en ever in U. S. Armed For				118	ADDRESS	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart field, estimate,	no		213	01 6950	4629 Asbury	Ave Balt	imore 21206	
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., head foliuse, osthenio, etc. It means the disease, injury or complication which coused death) ANTECEDENT CAUSES	18. // /	2.91	- · · · · · · · · · · · · · · · · · · ·		TH	21.0,000	APPROXIMATE IN	
20 SALE ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout notify medical examines) 216. INJURY (e.g., in or obout notify medical examines) 216. INJURY (e.g., in or obout notify medical examines) 216. INJURY (e.g., in or obout notify medical examines) 216. INJURY (e.g., in or obout notify medical examines) 216. INJURY (e.g., in or obout notify medical examines) 216. INJURY (e.g., in or obout notify medical examines) 216. INJURY occur? 217. INJURY occur? 218. PLACE OF INJURY (e.g., in or obout notify medical examines) 218. PLACE OF INJURY (e.g., in or obout notify notifical examines) 218. PLACE OF INJURY (e.g., in or obout notify notifical examines) 218. PLACE OF INJURY (e.g., in or obout notify notifical examines) 218. PLACE OF INJURY (e.g., in or obout notify notifical examines) 218. PLACE OF INJURY (e.g., in or obout notify notifical examines) 218. PLACE OF INJURY (e.g., in or obout notify notifical examines) 218. PLACE OF INJURY (e.g., in or obout notify notifical examines) 218. PLACE OF INJURY (e.g., in or obout notifical examines) 218. PLACE OF INJURY (e.g., in or obout notify notifical examines) 218. PLACE OF INJURY (e.g., in or obout notifical examines) 218. PLACE OF INJURY (e.g., in or obout notifical examines) 218. PLACE OF INJURY (e.g., in or obout notifical examines) 218. PLACE OF INJURY (e.g., in or obout notifical examines) 218. PLACE OF INJURY (e.g., in or obout notifical examines) 218. PLACE OF INJURY (e.g., in or obout notifical examines) 218. PLACE OF INJURY (e.g., in or obout notifical examines) 218. PLACE OF INJURY (e.g., in or obout notifical examines) 218. PLACE OF INJURY (e.g., in or obout notifical examines) 218. PLACE OF INJURY (e.g., in or obout notifical examines) 218. PLACE OF INJURY (e.g., in or obout notifical examines) 218. PLACE OF INJURY (e.g., in or obout notifical examines) 218. PLACE OF INJURY (e.g., in or obout notifical examines) 218. PLACE OF INJURY (e.g., in or obout notifical examines) 21	422.	/ II		(0)				
218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURED While At Not While At Work At Work 22. I certify that (I) (this hospital) attended the deceased fram 19 on that in(thy) (bur) apinian death accurred an that and haur and from the causes stated abave. (I) (Ne) (did) (did not) view the bady after death. 23A. SIGNATURE 23C. DIVISICIAN'S MANE (Type) LOY ZIMERMAN M. D. OCCURED OPTICAL Attending Med. Stoff Director Phys. Director	F TO THE DE.	ATH BUT NOT RELATED TO T	HE TERMINAL					
218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURED While At Not While At Work At Work 22. I certify that (I) (this hospital) attended the deceased fram 19 on that in(thy) (bur) apinian death accurred an that and haur and from the causes stated abave. (I) (Ne) (did) (did not) view the bady after death. 23A. SIGNATURE 23C. DIVISICIAN'S MANE (Type) LOY ZIMERMAN M. D. OCCURED OPTICAL Attending Med. Stoff Director Phys. Director	19A. DATE	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION			20A. AUTOPSY? (Yes or No	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?	
21D. TIME (Month) (Doy) (Yeer) (Hour) 21E INJURY OCCURRED While At Work At Wor	OR CONTRI	BUTING CAUSE OF	home, fo	CE OF INJURY (e.g., rm, foctory, street,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If In Baltimo	ore City, give exact location)	
22. I certify that (I) (this hospital) attended the deceased fram. 22. I certify that (I) (this hospital) attended the deceased fram. 23. I certify that (I) (this hospital) attended the deceased fram. 24. Signature 25. Physician's 26. Physician's 26. Physician's 27. Attending 27. At	Q 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E INJ	URY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
22. I certify that (I) (this hospital) attended the deceased from 19 that (I) (two) last saw the deceased alive an 19 and that in (my) (but) apinion death accurred an that and haur and from the causes stated abave. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23C. Physician's Med. 123D. Address 23D. Address 24D. Location (City, town, or county) (Sity) and the state of cemetery of crematory (Sity) and the state of cemeters (Sity) and			While A					
that (I) (We) last saw the deceased alive an land last saw the deceased alive an land haur and from the causes stated abave. (I) (We) (did) (dtd not) view the bady after death. 23A. SIGNATURE 23C. PHYSICIAN'S AME (Type) LOY ZIMERMAN M. D. OEGREE Attending Deceased A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY of CREMATORY Burial Jan. 18. 1968 Moreland Memorial Park Baltimore Md. 25C. FUNERAL DIRECTOR ADDRESS AND BALTIMORE Md. SONS. INC. Baltimore Md.						/ =	10 14	
and haur and from the causes stated abave. (I) (We) (did) (dtd not) view the bady after death. 23A. SIGNATURE				1 111	6.0	19 60 ta	Van // 19	
Attending Med. Shoff Director Phys. 23B. Date SIGNED Phys. 23C. Physician's Med. Director Phys. 320. Address 3202 Harford Rd. Baltimore Md. 21218 4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Specify) Burial Jan. 18. 1968 Moreland Memorial Park Baltimore Md. 53 PATE-RECID. BY HEALTH DEET. 25B. NAME OF REGISTRAR 125C. EUNERAL DIRECTOR HANNEY SANDER & SONS. INC. Baltimore Md.	that (I) (m	a) last saw the decease	ed alive an	Van. 17	19.00 and th	at in (my) (but) ap	Inlan death accurred an	
Attending Med. Director Phys. 1666 Phys. 23C. Physician's Med. Director Phys. 23D. Address 3202 Harford Rd. Baltimore Md. 21218 3202 Harford Rd. Baltimore Md. 3202 Harford Rd. Baltimore Rd. 320	and haur a							
23C. Physician's MAME (Type) LOY ZIMERMAN 4A. SURIAL CREMATION, 248. DATE REMOVAL (Specify) Burial Jan. 18.1968 Moreland Memorial Park Baltimore Md. 53 PATE-RECIDENT HEALTH DEET. 258. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR BALTIMORE Md.			ted abave. (1) (W	e) (did) (did not)	view the bady after death.			
23D. ADDRESS AME (Type) LOY ZIMERMAN M.D. OBGREE AA. BURIAL CREMATION, 248. DATE REMOVAL (Specify) Burial Jan. 18.1968 Moreland Memorial Park Burial Jan. 18.1968 Moreland Memorial Park SANDERS AND SECRET SECTION (City, town, or county) (SPECIFICAL SECTION (City, town, or county) (SPECIFICAL SECTION (SPECIFICAL SECTI	23A. SIGNA	and from the causes sta	ted abave. (I) (W	e) (did) (did not)	view the bady after death.		23B. DATE SIGNED	
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Burial Jan. 18. 1968 Moreland Memorial Park Baltimore Md. 5 ANTERECTOR STREET BRANDER & SONS. INC. Baltimore Md.	23C. PHYSIC	THE Planns	nerman	M. OPGREE PH	tending Med. Director 23 D. ADDRESS	Phys.	1/16/68	
5 ANTERECTOR STREET BERNAME OF REGISTRAR BALTIMORE MG. SONS. INC. BALTIMORE MG.	23C. Physic LO	THE Jumns HANS (Type)	nerman 1	M. D. OEGRE	tending Med. Director 23D. ADDRESS 3202 Harford	Rd.Balti	1/16/68 more Md.2121	
Baltimore Md. SONS. INC.	23C. PHYSIC MAME LO 24A. BURIAL CI REMOVAL	TIME Jemne Clans (Type) VY ZIVMERMAN (Specify) (Specify) (1248. DATE	24C. NAME	M. D. OEGRE	tending Med. Director 23D. ADDRESS 3202 Harford EREMATORY 24D. L	Rd.Balti	1/16/68 more Md.2121	
	23C. PLUSICE LO LO LO REMOVAL BURIAL	IAN'S (Type) Y ZIVMERMAN REMATION, 248, DATE (Specify) Jan. 18. 1	24C. NAME	M.D. OEGREE OF CEMETERY OF C	tending Med. Director 23D. ADDRESS 3202 Harford EREMATORY Prial Park B	Rd.Balti ocation (Cation)	more Md.2121 Dity, town, or county! Md.	
	23C. PLUSICE LO LO LO REMOVAL BURIAL	IAN'S (Type) Y ZIVMERMAN REMATION, 248, DATE (Specify) Jan. 18. 1	24C. NAME	M.D. OEGREE OF CEMETERY OF C	tending Med. Director 23D. ADDRESS 3202 Harford EREMATORY Prial Park B	Rd.Balti ocation (Cation)	more Md.2121 Dity, town, or county! Md. ADDRESS	



V-1/21 CO OSOM BALTIMORE CI	TY HEALTH DEPARTMENT	00 0100
(K-43) 68 0497 CERTIFIC	ATE OF DEATH REG. NO.	68 0437
BIRTH NO.		
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH	- 1
JOHN ARTHUR KILDUFF, S	r. January.13.1968	17.45 P.N M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institut	ian: residence before odmission)
	Maryland	0 01
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE C	TITY LIMITS
NOITUTITZNI		NO NO
11.11	Baltimore 21218 YES	, A
47 Union Memorial Hospital	3827 Elkader Road	
		11 1 2 2 1/11 1- 24 1/1-
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years last birthday)	Under 1 Yr. If Under 24 Hrs. Haurs Min.
Male White WIDOWED DIVORCED	August. 31,1911 - 56yrs	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or loreign country) 12	CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired) Mail Carrier. U.S. Govt.	Baltimore Md.	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.511
Arthur Kilduff	Sadie Colley	
15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO. 213-01-9749	Mrs. Ruth H. Kilduff (wif	
	3827 Elkader Rd. Baltimo	re 21218
1410.0	AIR	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Acute massessial in C. I.	G 11
LEADING TO DEATH	AUSE Acute myocardial infarction as a consequence of: Early congestive	Sudden
injury or camplication which caused death.)	e(left ventircal)	10-15 yrs.
ANTECEDENT CAUSES Hypert	ensive arteriosclerotic C.V.D.	10-15 yrs.
DISEASES OR CONDITIONS, if any, giving	My conternatherosclerosis	5 yrs +
rise to the above cause (A) stating the General	lzied arteriosclerosis, modera	
UNDERLYING CONDITION last. (C)	rtaritis	
1/ 5 6 1 11	dial infarction, 1962.	yrs +
TO THE DEATH AND TO THE TOURISH	arar iniarcoron, 1902.	
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	I N A N A N A N A N A N A N A N A N A N	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (c.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	OF DEATH?
	No	
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. home, form, lactory, street,	g., in ar about 21C. WHERE DID (II In Boltimore Cit affice bldg., INJURY OCCUR?	y, give exoct lacotton)
DEATH (notify medical exominer) etc.)		
D 21D. TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	Vhile —	
(APPROX.)	ork L.	
22. I certify that (1) (this hospital) attended the deceased from	Sept. 1962 19 to Jan. 9	1968 19
that (1) (1) (1) lost saw the deceased alive on Jan. 9, 196	8 19 ond that In(my) (%IN opiniar	
ond hour and from the couses stated above. (1) XXX (XX) (did not		B. DATE SIGNED
23A SIGNATURE		
R.V. Rangle, M.D. GEGREE	Attending Med. Staff Phys.	ran. 15, 1968
(23C. PHYSICIAN'S	23D. ADDRESS	
R. R. RANGLE M.D.	2938St. Paul St. Baltimor	e Md
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	REE	own, ar caunty) (State)
REMOVAL (Specify)		,
Burial Jan. 17. 1968 Most Holy Rede	emer Cem. Baltimore Md.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C HUNEAT DIRECTOR SONS. I	ADDRESS
JAN 1 6 1968 Robert E. tarkeyma	HENRY SANDER SONS. I Baltimore Md.	.NU.
VS 150-REV. 1/1/68	DOT OF MOTO MAY	



11498 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO BIRTH NO. 1. NAME OF DECEASED DATE Known 🗌 Manth Year Haur (Type or Print) OF 16, 1968 12:10 AM Estimated X January JOHN GOLDSTON DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Day Haur Month PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 1968 12:10 A. January 16. OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Maryland C. CITY OR TOWN 6. SEX D. INSIDE CITY LIMITS? MARRIED NEVER MARRIED WIDOWED Baltimore Male Negro DIVORCED YES K NO L 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER last birthday) Months | Doys | Haurs | Min. 410 N. Aisquith Street 11/6/12 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during mast of warking life, even if retired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknawn) (If yes, give war or dates af service) SOCIAL SECURITY NO. 18. INFORMANT **ADDRESS** APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH Arteriosclerotic Cardiovascular Disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, DUETO, OR AS A CONSEQUENCE OF: Injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)... OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL Pulmonary Emphysema DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or Na) Z 22A. **EXTERNAL CAUSE WAS** 228. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (II in Baltimore City, give exoct location) home, farm, lactory, street, affice bldg., etc.) INJURY OCCUR? UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH 22D. TIME (Manth) (Doy) (Year) (Haur) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE ! (APPROX.) WORK AT WORK 23. Inspection X Autopsy I certify that I held on Inquiry and that on this basis, death in my opinion resulted from: Notural couses X Suicide ___ Homicide ___ Acciden Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. M.D. 1/16/68 EXAMINER'S ASSOCIATE MEDICAL EXAMINER Werner U. Spitz M.D. NAME (Type) 24C NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 248, DATE 24D. LOCATION (City, tawn, or county) (State) REMOVAL (Specify)

25C. FUNERAL DIRECTOR

ADDRESS

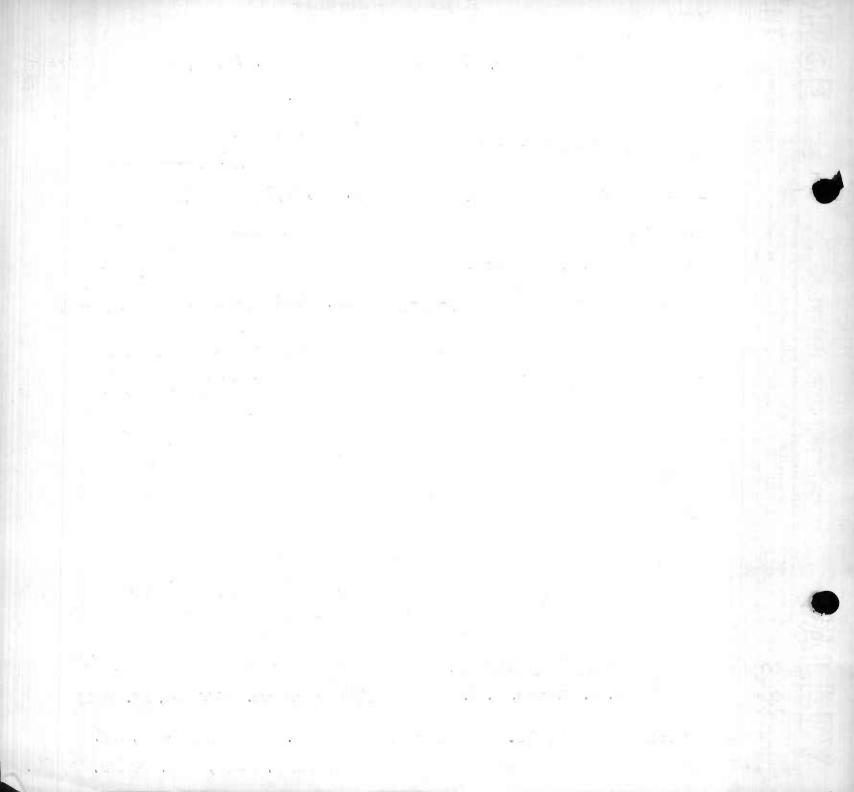
VS 151-REV. 1/1/6B

25A. DATE REC'D BY HEALTH DEPT

25B. NAME OF REGISTRAR

Allow A of the - 1/17 lor 14 Colon

1	1	0.0		BALTIMORE CITY	HEALTH DEPARTMENT		09 0400	
BIR	635 TH NO.	68	049	9 CERTIFICA	TE OF DEATH	REG. NO.	68 0499	
1. N	AME OF DECEASED	August	a M.	Harding	2. DATE Jan	. 15, 1968	5:45 Am	
3.	PLACE IN BALTIMORI	E MARYLAND, WH	ERE PRONOU	INCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If in:	stitution: residence before admission)	
HC	LL NAME OF (III	F NOT IN HOSPITA DDRESS OR LOCA	L OR INSTITUTION)	TION, GIVE STREET	Md.		DE CITY LIMITS 9-61	
2		ould Conv	alesar	nium	Baltimore E. STREET AND NUMBER		YES NO .	
1/		Co.o.		,		3932 Ednor	Road	
5. 5	EX 6. RAC	E	MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
	temale W	hite	WIDOWED	78	ec. 30,1892	75		
	. USUAL OCCUPATIOn during most of working		IOB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
	Housewife				Mary	land	USA	
13.	FATHER'S NAME				14. MOTHER'S MAIDER N	AME		
		Henry a	Zorbac	h		Pauline	Warman	
15. (Ye:	Was Deceased Ever in s, no or unknown) (If yes	U. S. Armed Forc	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	No			219-34-4500	Mrs. Doris	Cornell	(Same)	
-	18. 2 50.9	1		CAUSE OF DEATH		0 (APPROXIMATE INTERVAL	
		CONDITION DIR	ECTLY		11/4.	10/-1/	1 SETWEEN ONSET AND DEATH	
		NG TO DEATH	duine on	(A) IMMEDIATE CAU	SE by Wellusire	ardes lesell	as disease	
	heart failure, asthen	his does not mean the mode of dying, e.g., out failure, asthenia, etc. It means the disease,						
	injuty at camplication	EDENT CAUSES	death./		C Rough	God (Istera red)	have to or Con he had	
			an total	(B)	A CONSEQUENCE OF	for control 100	PUT P WENTER AND	
	DISEASES OR CO	ve couse (A)		(c)	Diabe	tes M	severe	
	260X	П		Fig. 1		/		
ON	OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING					
CATI	DISEASE OR CONDITI	ON GIVEN IN PART	I (A).	ANICH OPERATION	IZOA ALIZABEYZ/Van an	Nall 200 IE VEC MEDE E	INDINGS CONCIDENTS	
CERTIFIC	DALDATE OF OPERA	WAS PERFO		VHICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?	
CAL CE	21A. ACCIDENT WA OR CONTRIBUTING	S UNDERLYING CAUSE OF ol exominer)	21 B. hame etc.)	PLACE OF INJURY (e.g., in e, farm, foctory, street, of	or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	e City, give exact location)	
EDI	21 D. TIME (Mant	h) (Day) (Yeor)	(Hour) 21E.	INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?		
8	(A PPROX.)		Whil	le At Not Whi)e	· 🗆 .			
	22. I certify that (l) (this haspitul)	attended th	e deceased from	1/07	19 68 to	1/15 1968,	
	that (1) (we) last s			1/0	7 19 6 8 ond		nion deoth accurred an the date	
		nd haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.						
	23A. SIGNATURE	1 DRI	\				23B. DATE SIGNED 2	
	0	1/1/5/	Weres	MD Atte	nding Med.	Staff Phys.	1/15/68	
	23C. PHYSICIAN'S	11/1	1-000	P . DEGREE	23D. ADDRESS	.,.	t	
	NAME (Type) L.	B. Steve	ns, M.		3400 Erdman Av	e. Baltimore,	Md. 21213	
24 /	BURIAL CREMATIO	N, 24B. DATE	24C.NA	ME of CEMETERY OF CRE			ty, town, or county) (State)	
	Burial (Specify)	1/18/	68 Ma	reland Momo	mial Com.	Baltimo	re. Md.	
25A	DATE REGIDEN SE		25B. NAME Q	E REGISTRAR	paial Cem. 25C. FUNERAL DIRECT Leonard 1.	Ruck, Inc.	re, Md. ADDRESS Balto.#14 Md.	
VIC	150-REV 1/1/68	U VOCA	Sall Coll		Treated J.	7,000,	200001171100	



VS 150-REV. 1/1/68

A CARRELL AND A NO